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| <b>Case Number:</b>   | CM15-0223277 |                              |            |
| <b>Date Assigned:</b> | 11/19/2015   | <b>Date of Injury:</b>       | 08/07/2000 |
| <b>Decision Date:</b> | 12/31/2015   | <b>UR Denial Date:</b>       | 10/20/2015 |
| <b>Priority:</b>      | Standard     | <b>Application Received:</b> | 11/13/2015 |

### HOW THE IMR FINAL DETERMINATION WAS MADE

MAXIMUS Federal Services sent the complete case file to an expert reviewer. He/she has no affiliation with the employer, employee, providers or the claims administrator. He/she has been in active clinical practice for more than five years and is currently working at least 24 hours a week in active practice. The expert reviewer was selected based on his/her clinical experience, education, background, and expertise in the same or similar specialties that evaluate and/or treat the medical condition and disputed items/Service. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

The Expert Reviewer has the following credentials:

State(s) of Licensure: California

Certification(s)/Specialty: Chiropractor, Oriental Medicine

### CLINICAL CASE SUMMARY

The expert reviewer developed the following clinical case summary based on a review of the case file, including all medical records:

The injured worker is a 49-year-old male who sustained an industrial injury on 08-07-2000. Medical records indicated the worker was treated for lumbar discogenic disease and cervical discogenic disease. In the provider notes of 09-29-2015, the injured worker complains of severe neck pain and low back pain. His medications include gabapentin, naproxen, omeprazole, Tizanide, and Tramadol that are reported to help ease his pain. On exam, the worker has profound stiffness in his neck and low back with poor ranges of motion in all areas. He has numbness in his right side especially his right leg. His neck has decreased range of motion with flexion of 15 degrees, extension of 30 degrees, rotation 45 degrees to the right, and 35 degrees to the left with a tilt of 30 degrees. All neck pain goes to the left side. There is no trapezius muscle spasm. The lumbar spine is abnormal with 30 degrees flexion and zero degrees extension with pain radiating into the left leg. He can rotate 15 degrees bilaterally with pain at endpoints going into the left leg. He has positive leg lift on the left at 15 degrees and positive leg lift on the right at 15 degrees. He has profound weakness of his abductor hallucis longus and foot flexors bilaterally. He has a shuffling gait. Tendon reflexes are decreased in the knees and ankles bilaterally. He has decreased pain and touch sensation in the left L3, L4, and L5 nerve distribution. His gait is antalgic. A cervical MRI is recommended and aqua therapy twice a week with acupuncture twice a week for the cervical-lumbar spine for six weeks will be requested. He has not worked secondary to neck and back pain for the past 11 years. A request for authorization was submitted for: 1. Acupuncture treatment 2 times a week for 6 weeks (cervical/lumbar spine); 2. Aquatic Therapy, 2 times a week for 6 weeks for the cervical and lumbar spine. A utilization review decision non-certified both requests.

## **IMR ISSUES, DECISIONS AND RATIONALES**

The Final Determination was based on decisions for the disputed items/services set forth below:

**Acupuncture treatment 2 times a week for 6 weeks (cervical/lumbar spine): Upheld**

**Claims Administrator guideline:** Decision based on MTUS Acupuncture Treatment 2007.

**MAXIMUS guideline:** Decision based on MTUS Acupuncture Treatment 2007.

**Decision rationale:** The utilization review determination of 10/19/2015 denied the treatment request for acupuncture treatments two times per week for six weeks to the patient cervical and lumbar spine citing CA MTUS acupuncture treatment guidelines. The reviewed medical records failed to identify the patient's prior medical history of treatment to include acupuncture care or other alternative forms the treatment that either aided in the patient's pain management or led to evidence of functional improvement in activities of daily living. Acupuncture care was being requested as an isolated treatment plan without the incorporation of any rehabilitative exercise or self-managed conditioning program. In the absence of a complete past medical history of treatment to include acupuncture and evidence if applied that care led to any functional improvement supporting additional treatment, the medical necessity for the plan of care to include 12 visits of acupuncture and lumbar spine is not consistent with the reviewed medical records or compliance with the prerequisites for treatment per CA MTUS acupuncture treatment guidelines. Therefore, the request is not medically necessary.

**Aquatic Therapy, 2 times a week for 6 weeks for the cervical and lumbar spine: Upheld**

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Aquatic therapy, Physical Medicine.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Aquatic therapy.

**Decision rationale:** The 10/19/2015 treatment request for a aquatic therapy two times per week for six weeks directed to the patient cervical and lumbar spine was also denied citing CA MT US chronic treatment guidelines. The patient's prior medical history of treatment did not reflect evidence of injury to either the neck or lower back area that would preclude the patient from a land based therapy program. The CA MT US chronic treatment guidelines do support the use of aquatic therapy when the patient has been evaluated and determined that he/she cannot bring us tolerance to the effects of gravity or obesity or some form of permanent injury to the spine extremities subject to gravity-induced exercise. The medical necessity for an aquatic therapy program two times a week for the reviewed medical records or compliance with CA MTUS chronic treatment guidelines did not support six weeks.