

<b>Case Number:</b>	CM15-0030650		
<b>Date Assigned:</b>	02/24/2015	<b>Date of Injury:</b>	07/18/2013
<b>Decision Date:</b>	04/15/2015	<b>UR Denial Date:</b>	01/29/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	02/19/2015

### 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, District of Columbia, Maryland  
 Certification(s)/Specialty: Anesthesiology, Pain Management

### 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 44 year old male, who sustained a work related injury on 7/18/13 from a motorcycle crash that impacted both arms sustaining bilateral tricep tendon tears bilateral shoulder, wrist, elbow injuries and head, neck, and back injuries. He has reported symptoms of headaches, visual disturbances, neck and back pain. Prior medical history includes hypertension. The diagnoses have included post traumatic stress disorder, chronic pain syndrome. Treatments to date included medication, acupuncture, chiropractic care, orthopedic surgeries, electrical stimulation, median branch blocks. Diagnostics included Computed Tomography (CT) of head on 4/4/14 that was normal. Magnetic Resonance Imaging (MRI) on 10/4/13 reported abnormal T2 and FLAIR signal in the white matter is non-specific. This can be seen with migraine headaches. A demyelinating process is not excluded. Medications included Fluticasone nasal spray, Nexium, Pantoprazole, Promethazine, and Tirosint. The treating physician's report (PR-2) from 11/19/14 indicated eye pain with blurry vision, depressed mood, and tenderness with palpation to trapezius muscle paracervical muscles. On 1/29/15, Utilization Review non-certified a Acupuncture X 4 for the Lumbar Spine; Aquatic therapy 3X2 for the Lumbar Spine, noting the California Medical treatment Utilization Schedule (MTUS) Guidelines, Chronic Pain, Acupuncture Medical Treatment Guidelines.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Acupuncture X 4 for the Lumbar Spine: Upheld**

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

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

**Decision rationale:** According to the attached medical record the injured employee has participated in at least four sessions of acupuncture and the efficacy of these sessions are unclear. There are no additional two sessions authorized. Considering this past and current participation acupuncture with unknown efficacy, this request for an additional four sessions of acupuncture for the lumbar spine are not medically necessary.

**Aquatic therapy 3X2 for the Lumbar Spine: Upheld**

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Aquatic Therapy, Lumbar Physical Medicine.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Aquatherapy Page(s): 22, 47.

**Decision rationale:** It is unclear why the injured employee is unable to participate in land-based physical therapy or a home exercise program for the lumbar spine. Other than obesity, there is no justification supplied for being unable to benefit from traditional therapy. As such, this request for aquatic therapy is not medically necessary.