

<b>Case Number:</b>	CM15-0030698		
<b>Date Assigned:</b>	02/24/2015	<b>Date of Injury:</b>	09/09/2013
<b>Decision Date:</b>	04/07/2015	<b>UR Denial Date:</b>	01/14/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	02/18/2015

### 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: Family Practice

### 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 female, who sustained an industrial injury on September 9, 2013. The diagnoses have included cervical, thoracic and lumbar sprain/strain, bilateral shoulder strain and right carpal tunnel syndrome. Treatment to date has included diagnostic studies, physical therapy, home exercise and medication. Currently, the injured worker complains of neck, back and upper extremity pain. She has muscle spasms of the neck and back and decreased range of motion of the cervical and lumbar spine. On January 14, 2015 Utilization Review non-certified/modified respectively a request for eight sessions of acupuncture to the neck, low back and bilateral shoulders and twelve sessions of physical therapy to the low back and bilateral shoulder, noting that the request for physical therapy be modified to six sessions and noting that the acupuncture should be considered after completion of the physical therapy. The California Medical Treatment Utilization Schedule was cited. On February 18, 2015, the injured worker submitted an application for IMR for review of eight sessions of acupuncture to the neck, low back and bilateral shoulders and twelve sessions of physical therapy to the low back and bilateral shoulder.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Acupuncture, twice a week for four weeks for the neck, low back and bilateral shoulder:**  
Upheld

**Claims Administrator guideline:** The Claims Administrator did not cite any medical evidence for its decision.

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

**Decision rationale:** The MTUS acupuncture medical treatment guidelines state that acupuncture can be used to reduce pain, reduce inflammation, increase blood flow, increase range of motion, decrease the side effect of medication-induced nausea, promote relaxation in an anxious patient, and reduce muscle spasm. In this case, the request is for both acupuncture and physical therapy treatments, and Utilization Review has modified to allow physical therapy treatment. Undergoing both acupuncture and physical therapy treatments simultaneously is not recommended as this leads to confusion as to the effectiveness of each individual treatment modality. The request for acupuncture, twice a week for four weeks for the neck, low back and bilateral shoulder is therefore not recommended.

**Physical Therapy three times a week for six weeks of the low back and bilateral shoulder:**  
Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Physical Medicine Page(s): 98-99. Decision based on Non-MTUS Citation Physical Medicine Guidelines, Official Disability Guidelines.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Physical Medicine Page(s): 98-99.

**Decision rationale:** According to the MTUS guidelines, passive therapy (those treatment modalities that do not require energy expenditure on the part of the patient) can provide short term relief during the early phases of pain treatment and are directed at controlling symptoms such as pain, inflammation and swelling and to improve the rate of healing soft tissue injuries. They can be used sparingly with active therapies to help control swelling, pain and inflammation during the rehabilitation process. Active therapy is based on the philosophy that therapeutic exercise and/or activity are beneficial for restoring flexibility, strength, endurance, function, range of motion, and can alleviate discomfort. The MTUS guidelines also state that patients are instructed and expected to continue active therapies at home as an extension of the treatment process in order to maintain improvement levels. The MTUS guidelines allow up to 10 sessions of physical therapy and Utilization Review has modified to allow 6 sessions of physical therapy. The request for 18 sessions of physical therapy exceeds the amount recommended by the MTUS guidelines.