

<b>Case Number:</b>	CM15-0055205		
<b>Date Assigned:</b>	03/30/2015	<b>Date of Injury:</b>	04/28/2009
<b>Decision Date:</b>	05/14/2015	<b>UR Denial Date:</b>	03/09/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	03/23/2015

### 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, Indiana, New York  
Certification(s)/Specialty: Internal 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 52 year old male who sustained an industrial injury on 04/28/2009. Diagnoses include chronic cervical and lumbosacral strain, status post left shoulder arthroscopy and decompression, and status post shoulder arthroscopy, decompression and his clavicle resection, chronic right shoulder strain and internal derangement. Treatment to date has included surgery, diagnostic studies, medications, acupuncture sessions, and physical therapy. A physician progress note present and dated 10/10/2014 documents the injured worker complains of left greater than right sided neck pain, left greater than right sided shoulder pain and equal right and left lower back pain. At times the pain in his neck radiates down the right arm and has a numb and tingling sensation that involves the fourth and fifth fingers of the right hand. Pain radiates down his left leg and at times all the way to the left foot and he has a numb and tingling sensation. The range of motion of both shoulders, both elbows, both forearms, both wrists and all 5 fingers of both hands was normal. Treatment requested is for additional acupuncture six sessions one times six weeks for the lumbar spine, and physical therapy six sessions for the lumbar spine.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Physical therapy six sessions for the lumbar spine:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Physical Medicine Page(s): 98-99. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Low Back Section, Physical Therapy.

**Decision rationale:** Pursuant to the Chronic Pain Medical Treatment Guidelines and the Official Disability Guidelines, physical therapy six sessions for the lumbar spine is not medically necessary. Patients should be formally assessed after a six visit clinical trial to see if the patient is moving in a positive direction, no direction or negative direction (prior to continuing with physical therapy). When treatment duration and/or number of visits exceeds the guideline, exceptional factors should be noted. In this case, the injured worker's working diagnoses are chronic cervical and lumbosacral strain; status post left shoulder arthroscopy and decompression on September 3, 2009; chronic right shoulder strain and internal derangement. The medical record contains 79 pages. The most recent progress note is dated October 10, 2014 (not the requesting physician). There is no documentation in the October 10, 2014 progress note regarding prior physical therapy. There are no physical therapy notes in the medical record. There is no documentation of objective functional improvement prior physical therapy. The utilization review states the injured worker received prior physical therapy (an unspecified number). There were no compelling clinical facts in the medical record indicating additional physical therapy is warranted. Consequently, absent compelling clinical documentation with objective functional improvement, physical therapy progress notes and compelling clinical facts indicating additional physical therapy is warranted, physical therapy six sessions for the lumbar spine is not medically necessary.

**Additional acupuncture six sessions one times six weeks 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 based on Non-MTUS Citation Official Disability Guidelines (ODG) Low Back Section, Acupuncture.

**Decision rationale:** Pursuant to the Acupuncture Medical Treatment Guidelines and the Official Disability Guidelines, additional acupuncture six sessions one time per week times six weeks to the lumbar is not medically necessary. Acupuncture is not recommended for acute low back pain. Acupuncture is recommended as an option for chronic low back pain using a short course of treatment in conjunction with other interventions. The Official Disability Guidelines provide for an initial trial of three - four visits over two weeks. With evidence of objective functional improvement, a total of up to 8 to 12 visits over 4 to 6 weeks may be indicated. The evidence is inconclusive for repeating this procedure beyond an initial short period. In this case, the injured worker's working diagnoses are chronic cervical and lumbosacral strain; status post left shoulder arthroscopy and decompression on September 3, 2009; chronic right shoulder strain and internal

derangement. The medical record contains 79 pages. The most recent progress note is dated October 10, 2014 (not the requesting physician). There is no documentation in the October 10, 2014 progress note regarding prior acupuncture. There are no acupuncture treatment notes in the medical record. There was no objective evidence of functional improvement with prior acupuncture. The evidence is inconclusive for repeating this procedure beyond an initial short period. Consequently, absent clinical documentation with objective functional improvement (prior acupuncture), number of acupuncture sessions, with guideline non-recommendations for "repeating this procedure beyond an initial short period," additional acupuncture six sessions one time per week times six weeks to the lumbar is not medically necessary.