

<b>Case Number:</b>	CM15-0059852		
<b>Date Assigned:</b>	04/06/2015	<b>Date of Injury:</b>	09/25/2012
<b>Decision Date:</b>	05/05/2015	<b>UR Denial Date:</b>	03/19/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	03/30/2015

### 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 40 year old female, who sustained an industrial injury on 9/25/12. Initial complaints were not reviewed in the submitted documentation. The injured worker was diagnosed as having cervical myofascial pain; right lateral epicondylitis; cervical IVD degeneration. Treatment to date has included x-rays to cervical spine and right elbow (3/21/13); Toradol injection right elbow pain (4/11/13); MRI cervical spine (6/20/13); cortisone injection for neck pain (1/10/14). Currently, the PR-2 notes dated 1/9/15, the injured worker complains of pain with pins and needles sensation in her neck with burning pain in the left shoulder blades. She is taking medications Tramadol, Motrin and Excedrin for this pain and states they are helping. The provider's examination documents cervical flexion is 30 degrees with discomfort and scapular retraction is limited with rhomboid pain. Diagnosis of cervical multilevel discopathy without radiculopathy and chronic neck sprain/strain syndrome is noted. She is requesting a return to work on this date. The AME Review dated 1/6/15 did recommend acupuncture. The provider requested acupuncture and physical therapy for an exacerbation of cervical spine pain which sessions were modified at Utilization review of 8 to 6 sessions each.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Eight (8) acupuncture therapy visits for the cervical spine, 2 x 4: 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) Neck Section, Acupuncture.

**Decision rationale:** Pursuant to the Acupuncture Medical Treatment Guidelines and the Official Disability Guidelines, acupuncture eight sessions to the cervical spine two times per week times four weeks 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 3-4 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 cervical multilevel discopathy without radiculopathy; and chronic sprain/strain syndrome. The request for authorization is dated March 12, 2015. There is a single progress note in the medical record dated January 9, 2015. There were no subsequent progress notes. Subjectively, on January 9, 2015, the worker had subjective complaints of neck pain 6/10 and left shoulder blade pain. Objectively, it was decreased range of motion at the cervical spine. There were no other significant objective findings documented in the medical record. Utilization review references a February 2015 progress note (not available in the medical record for review). The injured worker is reportedly working full-time and has not received physical therapy in over one year. The treating physician requested acupuncture eight sessions to the cervical spine two times per week times four weeks. The guidelines recommend an initial trial of 3-4 visits over two weeks. With evidence of objective functional improvement a total of 8 - 12 visits may be clinically indicated. The treating physician requested eight acupuncture sessions that are in excess of the recommended guidelines. Consequently, absent compelling medical documentation in excess of the recommended guidelines for 3-4 initial visits, acupuncture eight sessions to the cervical spine two times per week times four weeks is not medically necessary.

**Eight (8) physical therapy visits for the cervical spine, 2 x 4: Upheld**

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Physical Medicine 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) Neck Section, Physical Therapy.

**Decision rationale:** Pursuant to the Chronic Pain Medical Treatment Guidelines and the Official Disability Guidelines, 8 sessions physical therapy to the cervical spine two times per week times four weeks 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 cervical multilevel discopathy without radiculopathy; and chronic sprain/strain syndrome. The request for authorization is dated March 12, 2015. There is a single progress note in the medical record dated January 9, 2015. There were no subsequent progress notes. Subjectively, on January 9, 2015, the worker had subjective complaints of neck pain 6/10 and left shoulder blade pain. Objectively, it was decreased range of motion at the cervical spine. There were no other significant objective findings documented in the medical record. Utilization review references a February 2015 progress note (not available in the medical record for review). The injured worker is reportedly working full-time and has not received physical therapy in over one year. The guidelines recommend 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). The treating physician requested eight sessions. This is in excess of the recommended guidelines. Consequently, absent compelling clinical documentation in excess of the recommended guidelines for a six is a clinical trial, 8 sessions physical therapy to the cervical spine two times per week times four weeks is not medically necessary.