

<b>Case Number:</b>	CM15-0088763		
<b>Date Assigned:</b>	05/13/2015	<b>Date of Injury:</b>	04/25/2013
<b>Decision Date:</b>	06/18/2015	<b>UR Denial Date:</b>	04/28/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	05/08/2015

### 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: Maryland, Texas, Virginia

Certification(s)/Specialty: Internal Medicine, Allergy and Immunology, Rheumatology

### 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 62-year-old female, with a reported date of injury of 04/25/2013. The diagnoses include neck sprain, lumbar sprain, lumbosacral neuritis/radiculitis, displacement of cervical intervertebral disc without myelopathy, displacement of lumbar intervertebral disc without myelopathy, and sacroiliac ligament sprain. Treatments to date have included acupuncture and home exercise program. The progress report dated 04/16/2015 was handwritten and somewhat illegible. The report indicates that the injured worker had 9 sessions of acupuncture for the cervical and lumbar spines, and she was able to perform more home exercises with less pain. The objective findings include decreased tenderness and pain of the cervical and lumbar spines, muscle spasm, and increased neck pain with Spurling's. The acupuncture reports were not included in the medical records provided for review. The treating physician requested additional acupuncture for the cervical spine and lumbar spine to decrease spasm and to improve the overall functional status; and home care for six weeks to assist with cooking/cleaning/laundry/shopping.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Acupuncture; additional 6 visits 2 times a week for 6 week, cervical 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) Neck and Upper Back, Acupuncture.

**Decision rationale:** MTUS 'Acupuncture Medical Treatment Guidelines' clearly state that "acupuncture is used as an option when pain medication is reduced or not tolerated; it may be used as an adjunct to physical rehabilitation and/or surgical intervention to hasten functional recovery." The medical records do not indicate that pain medication is reduced or not tolerated. There is also no indication that this would be used in conjunction with physical rehabilitation and/or surgical intervention. ODG states regarding shoulder acupuncture, "Recommended as an option for rotator cuff tendonitis, frozen shoulder, subacromial impingement syndrome, and rehab following surgery," and additionally specifies the initial trial should be "3-4 visits over 2 weeks with evidence of objective functional improvement, total of up to 8-12 visits over 4-6 weeks (Note: The evidence is inconclusive for repeating this procedure beyond an initial short course of therapy.)" The medical records fail to indicate any improvement from a trial course of 6 acupuncture sessions. There is no evidence provided that indicates the patient has experienced functional improvements as a result of acupuncture. As such, the request for Acupuncture; additional 6 visits 2 times a week for 6 weeks cervical spine is not medically necessary.

**Home care; 7 hours per day, 7 days per week for 6 weeks:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Home Health Services Page(s): 51. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain, Home Health Services.

**Decision rationale:** According to MTUS and ODG Home Health Services section, "Recommended only for otherwise recommended medical treatment for patients who are homebound, on a part-time or 'intermittent' basis, generally up to no more than 35 hours per week. Medical treatment does not include homemaker services like shopping, cleaning, and laundry, and personal care given by home health aides like bathing, dressing, and using the bathroom when this is the only care needed." Given the medical records provided, employee does not appear to be 'homebound'. The treating physician does not detail what specific home services the patient should have. Additionally, documentation provided does not support the use of home health services as 'medical treatment', as defined in MTUS. As such, the current request for Home cares; 7 hours per day, 7 days per week for 6 weeks is not medically necessary.