

<b>Case Number:</b>	CM14-0123875		
<b>Date Assigned:</b>	08/08/2014	<b>Date of Injury:</b>	12/13/2011
<b>Decision Date:</b>	09/29/2014	<b>UR Denial Date:</b>	06/30/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	07/30/2014

### 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. The expert reviewer is Board Certified in Physical Medicine and Rehabilitation and is licensed to practice in Nevada. 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/services. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

### 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 records presented for review indicate that this 44-year-old male was reportedly injured on 12/13/2011. The mechanism of injury is not listed. The most recent progress notes, dated 2/21/2014 and 5/23/2014, indicate that there are ongoing complaints of neck, upper extremity, low back and lower extremity pain. Physical examination demonstrated diffuse tenderness to palpation of the cervical and lumbar spine; limited cervical and lumbar spine range of motion; sensation intact in upper extremities; decreased sensation right S1 dermatome; motor strength to wrist extensors/flexors 5-/5, and right tibialis anterior, EHL (extensor hallucis longus) inversion and eversion are 4+/5. EMG/NCV testing dated 4/9/2013 showed electrodiagnostic evidence of right S1 radiculopathy. Previous treatment includes physical therapy (#20 visits) and Chiropractic treatment and medications. A request had been made for Physical therapy 1 x 8 and Acupuncture 1 x 6 to the neck and back, which were not certified in the utilization review on 6/30/2014.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Physical therapy 1 x 8 to the neck and back:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 98-99 of 127.

**Decision rationale:** MTUS treatment guidelines support the use of physical therapy for the management of chronic pain (specifically myalgia and radiculitis) and recommend a maximum of 10 visits. The claimant has chronic neck and back pain after a work-related injury in December 2011. Review of the available medical records reveals documentation of 20 physical therapy treatments. In the absence of clinical documentation to support additional visits, this request is not considered medically necessary.

**Acupuncture 1 x 6 to the neck and back:** Upheld

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

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

**Decision rationale:** MTUS guidelines support acupuncture as an option when pain medication is reduced or not tolerated or as an adjunct to physical rehabilitation to hasten functional recovery. When noting the claimant's diagnosis, date of injury, clinical presentation and previous treatment, the request for acupuncture is not supported by guideline criteria and is not considered medically necessary.