

<b>Case Number:</b>	CM13-0039681		
<b>Date Assigned:</b>	06/06/2014	<b>Date of Injury:</b>	03/12/2012
<b>Decision Date:</b>	05/13/2015	<b>UR Denial Date:</b>	10/02/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	10/08/2013

### 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: Texas, New York, California

Certification(s)/Specialty: Preventive Medicine, Occupational 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 applicant is a represented 65-year-old who has filed a claim for chronic neck and low back pain reportedly associated with an industrial injury of March 12, 2012. In a Utilization Review report dated October 2, 2013, the claims administrator partially approved a request for eight sessions of physical therapy as six sessions of the same while denying a request for eight sessions of acupuncture outright. Non-MTUS ODG guidelines were invoked in favor of MTUS guidelines in the determination. Non-MTUS ODG Acupuncture Guidelines were also invoked as well as the now-outdated, now-renumbered MTUS 9792.20e. A September 25, 2013 progress note was referenced in the determination. It was stated that the applicant had completed at least six sessions of acupuncture to date. The applicant's attorney subsequently appealed. The claims administrator's medical evidence log suggested that progress notes on file ranged from September 2014 through November 2014. In a progress note dated September 8, 2014, the applicant reported 3/10 neck, low back, and right upper extremity pain. The applicant was using Xanax, Norco, quazepam, and Menthoderm, it was suggested. The applicant had received two epidural steroid injections. The applicant stated that some activities of daily living, including opening jars, sleeping, and performing activities of self-care and personal hygiene remained problematic secondary to pain. On November 14, 2014, the applicant reported 7/10 neck and low back pain. The applicant was again described as using Xanax, Norco, Menthoderm, and Ambien. Flexeril, Norco, and Ambien were renewed. The applicant was working regular duty, it was stated in one section of the note. In another section of the note, it was stated that the applicant had permanent restrictions in place. In yet another section of the note, the treating provider wrote that the applicant would be off of work if her employer was unable to accommodate previously imposed permanent limitations.

## **IMR ISSUES, DECISIONS AND RATIONALES**

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

### **ACUPUNCTURE FOR EIGHT (8) SESSIONS FOR CERVICAL AND LUMBAR RADICULOPATHY: Upheld**

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

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

**Decision rationale:** No, the request for eight sessions of acupuncture was not medically necessary, medically appropriate, or indicated here. The request in question, per the claims administrator, represented a renewal or extension request for acupuncture. While the Acupuncture Medical Treatment Guidelines in MTUS 9792.24.1.d acknowledge that acupuncture treatments may be extended if there is evidence of functional improvement as defined in Section 9792.20f, in this case, however, there has been no such demonstration in functional improvement as defined in Section 9792.20f. The applicant remains dependent on a variety of medications, including Norco, Flexeril, Menthoderm gel, quazepam, etc. The applicant remains dependent on other forms of medical treatment, including epidural steroid injection therapy. The applicant's work status was not clearly reported on the November 14, 2014 progress note provided. All of the foregoing, taken together, argued against ongoing functional improvement as defined in MTUS 9792.20f, despite receipt of at least six prior sessions of acupuncture. Therefore, the request was not medically necessary.

### **PHYSICAL THERAPY TWO (2) TIMES PER WEEK FOR FOUR (4) WEEKS IN TREATMENT TO THE BACK AND NECK: Upheld**

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints Page(s): 174.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Functional Restoration Approach to Chronic Pain Management Page(s): 8.

**Decision rationale:** Similarly, the request for eight sessions of physical therapy for the back and neck was likewise not medically necessary, medically appropriate, or indicated here. While page 99 of the MTUS Chronic Pain Medical Treatment Guidelines does recommend a general course of 9 to 10 sessions of treatment for myalgias and myositis of various body parts, the diagnoses reportedly present here. This recommendation is, however, qualified by commentary made on page 8 of the MTUS Chronic Pain Medical Treatment Guidelines to the effect that demonstration of functional improvement is necessary at various milestones in the treatment program in order to justify continued treatment. Here, however, the applicant's work status was not clearly reported on November 14, 2014. The applicant remained dependent on a variety of analgesic medications, including Norco and Flexeril. The applicant continued to report difficulty performing activities of daily living as basic as combing her hair. All of the foregoing, taken together, argued against the applicant having effected functional improvement as defined in MTUS 9792.20f with earlier unspecified amounts of physical therapy. Therefore, the request was not medically necessary.