

<b>Case Number:</b>	CM15-0122078		
<b>Date Assigned:</b>	07/06/2015	<b>Date of Injury:</b>	02/01/2012
<b>Decision Date:</b>	07/31/2015	<b>UR Denial Date:</b>	05/20/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	06/24/2015

### 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

Certification(s)/Specialty: Physical Medicine & Rehabilitation

### 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 55 year old female, who sustained an industrial injury on 2/01/2012. She reported feeling a warm sensation in her low back when a student jumped on her back. The injured worker was diagnosed as having status post C6-C7 discectomy and arthrodesis, industrial injury C4-C5 and C5-C6, stable and non-surgical, and recent lumbar spine flare up. Treatment to date has included lumbar spinal surgery, acupuncture, cervical spinal surgery in 11/2014, medications, and physical therapy (at least 12 recent sessions). Currently, the injured worker complains of daily headaches and muscle spasms from the middle of her back up through the neck, to the back of her head, causing migraine headaches. She also had occasional and very sporadic radiating arm pain. Neck pain was chronic and rated 5-6/10 and arm pain was rated 2-3/10 and lasted only a few minutes. She started sleeping in a brace again. Medications included Excedrin, Robaxin, Soma, and Ativan. The treatment plan included additional physical therapy for the cervical spine and acupuncture for the cervical spine.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Additional physical therapy times 12 sessions to the cervical: Upheld**

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 98-99.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Physical Therapy, pages 98-99.

**Decision rationale:** Submitted reports have no acute flare-up or specific physical limitations to support for physical/ occupational therapy. Therapy is considered medically necessary when the services require the judgment, knowledge, and skills of a qualified physical therapist due to the complexity and sophistication of the therapy and the physical condition of the patient. There is unchanged chronic symptom complaints, clinical findings, and functional status. There is no evidence documenting functional baseline with clear goals to be reached and the patient striving to reach those goals. It is unclear how many total PT/OT sessions, but the patient has received at least 12 recent sessions), or what functional outcome was benefited if any. The Chronic Pain Guidelines allow for visits of therapy with fading of treatment to an independent self-directed home program. It appears the patient has received prior sessions of PT/OT without clear specific functional improvement in ADLs, functional status, or decrease in medication and utilization without change in neurological compromise or red-flag findings to support further treatment. The Additional physical therapy times 12 sessions to the cervical is not medically necessary and appropriate.

**Acupuncture times 8 sessions to the cervical:** Upheld

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

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

**Decision rationale:** MTUS, Acupuncture Guidelines recommend initial trial of conjunctive acupuncture visit of 3 to 6 treatment with further consideration upon evidence of objective functional improvement. It is unclear how many acupuncture sessions the patient has received for this chronic injury nor what functional benefit if any were derived from treatment. Submitted reports have not demonstrated functional improvement or medical indication to support for additional acupuncture sessions. There are no specific objective changes in clinical findings, no report of acute flare-up or new injuries, nor is there any decrease in medication usage from conservative treatments already rendered. The Acupuncture times 8 sessions to the cervical is not medically necessary and appropriate.