

<b>Case Number:</b>	CM15-0123602		
<b>Date Assigned:</b>	07/08/2015	<b>Date of Injury:</b>	09/01/2009
<b>Decision Date:</b>	08/06/2015	<b>UR Denial Date:</b>	06/19/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	06/26/2015

### 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: 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 injured worker is a 62-year-old female who sustained an industrial /work injury on 9/1/09. She reported an initial complaint of pain in knees, back, neck, both shoulders, headaches. The injured worker was diagnosed as having lumbosacral neuritis, lumbar/cervical degenerative disease, bilateral knee pain, s/p right knee surgery, cephalgia, anxiety, depression, and cognitive disorder. Treatment to date includes medication, diagnostics, surgery, and psychology. Currently, the injured worker complained of epigastric pain, right flank pain, and bilateral shoulder pain. Per the primary physician's report (PR-2) on 4/28/15, there was severe craniocervical tenderness with spasm, decreased attention span, left orbital pain, slightly weak left hand grip, slightly weak right foot dorsiflexion, decreased sensation bilaterally at the outer thighs, legs, and plantar surfaces of both feet, slight limp with the right leg in all modalities of gait testing. Romberg test was positive and Tinel's sign was positive at the right wrist. She had lumbar more than cervical and interscapular tenderness. There was right more than left shoulder tenderness with limited range of motion, right more than left knee tenderness, straight leg raise was positive at 40 degrees on the right and 60 degrees on the left with pain radiating into the ipsilateral legs. She had increased epigastric/right abdominal upper quadrant pain. Current plan of care-included evaluation with gastroenterologist, medication adjustment, aquatics, and acupuncture. The requested treatments include 2 Aquatic therapy sessions and 12 Acupuncture treatments.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**12 Aquatic therapy sessions:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Aquatic Therapy.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines 9792.20 & 9792.26 Page(s): 22, 58.

**Decision rationale:** The MTUS states that aquatic therapy can be recommended as an optional form of exercise therapy, where available, as an alternative to land-based physical therapy; but as with therapeutic physical therapy for the low back, it is authorized as a trial of 6 visits over 2 weeks, with evidence of objective functional improvement, prior to authorizing more treatments with a total of up to 18 visits over 6-8 weeks. Patient has completed at least 12 sessions of aquatic therapy over the last two years. There is no documentation of objective functional improvement. 12 Aquatic therapy sessions is not medically necessary.

**12 Acupuncture treatments:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines 9792.20 & 9792.26 Page(s): 58.

**Decision rationale:** The Acupuncture Medical Treatment Guidelines state that the initial authorization for acupuncture is for 3-6 treatments. Authorization for more than 6 treatments would be predicated upon documentation of functional improvement. The patient has completed at least 12 sessions of acupuncture over the last two years with little to no documentation of objective functional improvement. The request for 12 treatments is greater than the number recommended for a trial to determine efficacy. 12 Acupuncture treatments is not medically necessary.