

<b>Case Number:</b>	CM15-0096120		
<b>Date Assigned:</b>	05/26/2015	<b>Date of Injury:</b>	10/25/2011
<b>Decision Date:</b>	06/29/2015	<b>UR Denial Date:</b>	04/22/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	05/19/2015

### 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: Texas, Florida, 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 52 year old female with an industrial injury dated 10/25/2011. Her diagnoses included cervical pain with upper extremity symptoms, low back pain with lower extremity symptoms, bilateral shoulder subacromial bursitis and bilateral knee chondromalacia patella. Prior treatments included acupuncture, chiropractic treatment, physical therapy, TENS, home exercises, and medications. She presents with a complaint of cervical pain rated as 6/10, right shoulder pain rated 5/10, left shoulder pain rated 6/10, right knee pain rated 5/10 and left knee pain rated 5/10 on the pain scale. Physical exam noted tenderness and painful limited range of motion of the lumbar and cervical spine. Bilateral shoulders were tender with limited range of motion. Bilateral knees were tender with swelling of the right knee greater than the left. The treating physician documents the following in regards to prior treatment: (1) Failed antiepileptic drug and antidepressant (in regards to neuropathic pain) as a result of side effects including nausea and lethargy. (2) Trial of acupuncture 3 sessions facilitated diminution in pain and improvement in range of motion, (3) Medication at current dosing facilitated maintenance of activities of daily living to include light household duties, shopping for groceries, grooming and cooking. Also noted is tolerance to activity and improved function. (4) Acupuncture (to cervical spine, right shoulder, left shoulder and bilateral knees) facilitated significant decrease in pain in all areas and improved range of motion as well as improved tolerance to standing and walking. In progress note dated 02/10/2015 the treating physician documents spasm was refractory to physical therapy, activity modification, stretching, TENS, home exercises, cold and heat. Treatment plan included chiropractic treatment, acupuncture; muscle relaxants, pain

medication, anti-inflammatory medications and stomach protectant medication. The request is for additional acupuncture cervical spine, right shoulder, left shoulder, right knee and left knee at 2 times per week for 6 weeks and for additional chiropractic treatment of cervical spine at 3 times per week for 4 weeks with focus on active therapy including strengthening and work hardening.

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

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

**Additional acupuncture 2 x 6 (12 sessions) for the neck, bilateral shoulders and bilateral knees:** Upheld

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

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

**Decision rationale:** This claimant was injured in 2011. There was neck, low back and upper extremity pain. There has been past acupuncture, and multiple other interventions. A trial of acupuncture for three sessions diminished pain and improved range of motion. This is a request for more. The MTUS sets a high bar for effectiveness of continued or ongoing medical care in 9792.24.1. "Functional improvement" means either a clinically significant improvement in activities of daily living or a reduction in work restrictions as measured during the history and physical exam, performed and documented as part of the evaluation and management visit billed under the Official Medical Fee Schedule (OMFS) pursuant to Sections 9789.10-9789.111; and a reduction in the dependency on continued medical treatment. With this proposed treatment, although there is some improvement, there is no clinically significant improvement in activities of daily living or a reduction in work restrictions as measured during the history. Moreover, the MTUS notes frequency and duration of acupuncture or acupuncture may be up to 6 treatments to confirm functional improvement. Acupuncture treatments may be extended only if true functional improvement is documented as defined in Section 9792.20(f). This frequency and duration requested is above guides as to what may be effective, and there is no objective documentation of effective functional improvement in the claimant. The sessions were appropriately non-certified under the MTUS Acupuncture criteria. The request is not medically necessary.

**Additional chiropractic 3 x 4 (12 sessions) for the cervical spine:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Manual therapy & manipulation.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines 8 C.C.R. 9792.20 - 9792.26 Page(s): 58 of 127.

**Decision rationale:** This claimant was injured in 2011. There was neck, low back and upper extremity pain. There has been past acupuncture, and multiple other interventions. The MTUS

stipulates that the intended goal of this form of care is the achievement of positive symptomatic or objective measurable gains in functional improvement that facilitate progression in the patient's therapeutic exercise program and return to productive activities. It notes for that elective and maintenance care, such as has been used for many years now in this case, is not medically necessary. These records fail to attest to "progression of care." The guides further note that treatment beyond 4-6 visits should be documented with objective improvement in function. Further, in Chapter 5 of ACOEM, it speaks to leading the patient to independence from the healthcare system, and self care. It notes that over treatment often results in irreparable harm to the patient's socioeconomic status, home life, personal relationships, and quality of life in general. The patient and clinician should remain focused on the ultimate goal of rehabilitation leading to optimal functional recovery, decreased healthcare utilization, and maximal self-actualization. Objective, functional improvement out of past rehabilitative efforts is not known. The request is not medically necessary.