

<b>Case Number:</b>	CM15-0099874		
<b>Date Assigned:</b>	06/02/2015	<b>Date of Injury:</b>	03/21/2013
<b>Decision Date:</b>	08/31/2015	<b>UR Denial Date:</b>	05/05/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	05/26/2015

### 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: Physical Medicine & Rehabilitation, Pain Management

### 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 46 year old female with an industrial injury dated 03-21-2013. The injury is documented as occurring when a board fell and struck her head while she was bent over. She was on Coumadin (anticoagulant) at the time. Her diagnoses included cephalgia, cervical spine strain-sprain, herniated cervical disc cervical 6-7 and cervical 7- thoracic 1 with radiculitis- radiculopathy; history of pulmonary embolism secondary to left knee surgery for removal of hardware, status post left knee ACL reconstruction, hardware removal and anxiety and depression. Comorbid condition was a history of pulmonary embolism on anticoagulant. Prior treatment included acupuncture, physical therapy, rest and medications. She presents on 04/17/2015 with complaints of bilateral shoulder pain, cervical spine pain and upper back pain. Physical exam of the cervical spine noted tenderness to palpation along the cervical paraspinal musculature with spasms and tightness. Foramina compression test was positive. Treatment plan included physical therapy and acupuncture to the cervical spine and upper back, medications and follow up in eight weeks. She was to return to full duty work to tolerance. The treatment request is for acupuncture, 2 times wkly for 6 wks, 12 sessions and physical therapy, cervical Spine, 2 times wkly for 6 wks, 12 sessions.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Acupuncture, 2 times wkly for 6 wks, 12 sessions:** Upheld

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

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

**Decision rationale:** Regarding the request for acupuncture, California MTUS does support the use of acupuncture for chronic pain. Acupuncture is recommended to be used as an adjunct to physical rehabilitation and/or surgical intervention to hasten functional recovery. Additional use is supported when there is functional improvement documented, which is defined as either a clinically significant improvement in activities of daily living or a reduction in work restrictions and a reduction in the dependency on continued medical treatment. A trial of up to 6 sessions is recommended, with up to 24 total sessions supported when there is ongoing evidence of functional improvement. Within the documentation available for review, it appears the patient has undergone acupuncture previously, but there is no documentation of objective functional improvement from the therapy already provided. As such, the currently requested acupuncture is not medically necessary.

**Physical Therapy, Cervical Spine, 2 times wkly for 6 wks, 12 sessions:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 98-99 of 127. Decision based on Non-MTUS Citation ODG, Neck Chapter, Physical Medicine.

**Decision rationale:** Regarding the request for physical therapy, Chronic Pain Medical Treatment Guidelines recommend a short course (10 sessions) of active therapy with continuation of active therapies at home as an extension of the treatment process in order to maintain improvement levels. ODG has more specific criteria for the ongoing use of physical therapy. ODG recommends a trial of physical therapy. If the trial of physical therapy results in objective functional improvement, as well as ongoing objective treatment goals, then additional therapy may be considered. Within the documentation available for review, there is no documentation of specific objective functional improvement with any previous sessions and remaining deficits that cannot be addressed within the context of an independent home exercise program, yet are expected to improve with formal supervised therapy. Furthermore, the request exceeds the amount of PT recommended by the CA MTUS and, unfortunately, there is no provision for modification of the current request. In light of the above issues, the currently requested physical therapy is not medically necessary.