

<b>Case Number:</b>	CM13-0030226		
<b>Date Assigned:</b>	11/27/2013	<b>Date of Injury:</b>	02/06/2013
<b>Decision Date:</b>	01/16/2014	<b>UR Denial Date:</b>	09/05/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	09/27/2013

### HOW THE IMR FINAL DETERMINATION WAS MADE

MAXIMUS Federal Services sent the complete case file to a physician reviewer. He/she has no affiliation with the employer, employee, providers or the claims administrator. The physician reviewer is Board Certified in Physical Medicine and Rehabilitation, and is licensed to practice in California. 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 physician 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/services. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

### 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 patient is a 46-year-old female who sustained a work-related injury on 02/06/2013. The clinical information indicated the patient has had 8 prior sessions of physical therapy. The most recent evaluation indicated the patient had 9/10 back pain with 3 point decrease with NSAID use. Objective findings revealed lumbar spine tenderness, limited range of motion, and positive straight leg raise. An MRI revealed facet osteoarthropathy and protrusions. The treatment plan included a request for physical therapy, request for pain management consult, medication changes and refills, and a request for a lumbar support pillow.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Acupuncture Lumbar Spine 2 x 6 weeks:** Upheld

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

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

**Decision rationale:** The California Acupuncture Treatment Guidelines state that acupuncture is used as an option when pain medication is reduced or not tolerated, and that it may be used as an adjunct to physical rehabilitation and/or surgical intervention to hasten functional recovery. The clinical information submitted for review lacks documentation of pain medication reduction or

intolerance. However, the clinical information does document subjective reports of NSAID therapy efficacy. Furthermore, the clinical information submitted for review indicates the patient has had prior therapy, but there is no documentation to indicate significant functional improvement or pain reduction. As such, the medical necessity for Acupuncture Lumbar Spine 2x6 weeks has not been established.

**Physical Therapy Lumbar Spine 3 x 4 weeks QTY. 12.00:** 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 Medicine Page(s): 98-99.

**Decision rationale:** The CA MTUS Guidelines for physical medicine indicate that physical therapy treatment outcomes are measured by decreased pain and functional improvement. Additionally, patients are instructed and expected to continue active therapies at home as an extension of the treatment process in order to maintain improvement levels. The clinical information submitted for review indicates the patient has had prior physical therapy, but there are no interim evaluations to indicate the patient's progress, functional improvement, pain reduction, or compliance with a home exercise program. The most recent evaluation submitted for review documented subjective reports of efficacy with NSAID therapy, but lacks documentation of any specific improvement with the requested services. As such, the medical necessity for Physical Therapy Lumbar Spine 3 x 4 weeks QTY: 12.00 has not been established.