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| <b>Case Number:</b>   | CM13-0040998 |                              |            |
| <b>Date Assigned:</b> | 12/20/2013   | <b>Date of Injury:</b>       | 07/25/2012 |
| <b>Decision Date:</b> | 02/14/2014   | <b>UR Denial Date:</b>       | 10/23/2013 |
| <b>Priority:</b>      | Standard     | <b>Application Received:</b> | 10/29/2013 |

### 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 Anesthesiology, has a subspecialty in Pain Management and is licensed to practice in Georgia. 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 claimant presented with low back pain and right leg pain following a work related injury in 6/2012. The pain is exacerbated by sitting and standing. The pain radiates to the right lateral thigh and is associated with numbness and burning sensation. The claimant has tried Lyrica, Norco, trazodone and Elavil. The claimant also had several physical therapy visits without sustained benefit. The physical exam is significant for slow and guarded gait, restricted range of motion of the lumbar spine, decreased sensation to the light touch in the right lateral thigh, tenderness to palpation over the lumbosacral midline. The claimant was diagnosed with lumbar sprain and mild to moderate bilateral neural foraminal stenosis L4-5, right greater than left.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Acupuncture 2 x 6 on lumbar:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Chronic Pain Medical Treatment Guidelines Title 8, California Code of Regulations, section 9792..

**Decision rationale:** The Physician Reviewer's decision rationale: Per Ca MTUS "Acupuncture" is used as an option when pain medication is reduced or not tolerated, it may be used as an

adjunct to physical rehabilitation and/or surgical intervention to hasten functional recovery. It is the insertion and removal of filiform needles to stimulate acupoints (acupuncture points). Needles may be inserted, manipulated, and retained for a period of time. Acupuncture can be used to reduce pain, reduce inflammation, increase blood flow, increase range of motion, decrease the side effect of medication-induced nausea, promote relaxation in an anxious patient, and reduce muscle spasm. In this case, Acupuncture is not medically necessary because there was no attempt to reduce pain medication or use in combination with a physical rehab program.

**Physical therapy, 12 visits to lumbar:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Chronic Pain Medical Treatment Guidelines Physical Medicine. Page(s): 99.

**Decision rationale:** The Physician Reviewer's decision rationale: Twelve (12) sessions of physical therapy for lumbar spine is not medically necessary. Page 99 of Ca MTUS states "physical therapy should allow for fading of treatment frequency (from up to 3 visits per week to 1 or less), plus active self-directed home physical medicine. For myalgia and myositis, unspecified (ICD9 729.1): 9-10 visits over 8 weeks, neuralgia, neuritis, and radiculitis, unspecified (ICD-9 729.2) 8-10 visits over 4 weeks is recommended. The claimant's had several visits of physical therapy without sustained benefit and he has reached his maximum amount of visits; therefore, the request is not medically necessary.