

<b>Case Number:</b>	CM13-0049517		
<b>Date Assigned:</b>	12/27/2013	<b>Date of Injury:</b>	04/04/2013
<b>Decision Date:</b>	07/29/2014	<b>UR Denial Date:</b>	11/05/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	11/08/2013

### 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. The expert reviewer is Board Certified in Geriatrics, and is licensed to practice in New York. 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/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 injured worker is a 48 year old man with a date of injury of 12/17/06. He was seen by an orthopedic physician on 10/23/13 in consultation for his low back pain. He had been seen in the past for left elbow pain. His back pain was said to be worsening for the last several months radiating into the bilateral upper gluteal regions. He had pain with heavy lifting or when wearing his gun belt. He has had massage therapy and physical therapy in the past (2008) but he does continue to do exercises on his own at home. His physical exam showed normal gait and no pain to palpation in the lumbar spine. He had pain with lumbar extension with rotation. His muscle strength was 5/5 in the lower extremities and his neurologic exam was normal with negative straight leg raise bilaterally. His low back pain was felt likely due to degenerative disc disease or facet joint arthropathy. Acupuncture for 6-12 sessions was recommended as was physical therapy for 2-4 sessions for a TENS unit trial.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Acupuncture 6-12 sessions:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 4, 8-9.

**Decision rationale:** 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. Time to produce functional improvement is 3 to 6 treatments. The records do not indicate that he is not able to return to productive activities or that he is participating in an ongoing exercise program to which the acupuncture would be an adjunct. For this injured worker, the medical records do not show that pain medication was reduced or not tolerated to support the medical necessity for 6-12 acupuncture treatments. Therefore, the request is not medically necessary.

**PT 2-4 sessions for tens trial:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 98-99,113-117.

**Decision rationale:** Physical Medicine Guidelines allow for fading of treatment frequency from up to 3 visits per week to 1 or less, plus active self-directed home Physical Medicine. In this injured worker, physical therapy has already been used as a modality and a self-directed home exercise program should be in place. It is documented that he is doing exercise on his own. Also, the TENS unit is not being used as an adjunct to a program of evidence based functional restoration. The records do not support the medical necessity for 2-4 physical therapy visits for a TENS trial in this individual with chronic back pain. Therefore, the request is not medically necessary.