

<b>Case Number:</b>	CM13-0051691		
<b>Date Assigned:</b>	12/27/2013	<b>Date of Injury:</b>	02/15/2007
<b>Decision Date:</b>	03/11/2014	<b>UR Denial Date:</b>	10/15/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	11/14/2013

### 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, has a subspecialty in Interventional Spine 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 28-year-old female with date of injury 2/15/07. On 3/12/13 the patient underwent a revision L4-S1 posterior fusion. Her current diagnoses are post L4-S1 posterior fusion, chronic lower back pain and left leg pain. The utilization review decision dated 10/15/13 for physical therapy 2-3x6 weeks lumbar and acupuncture 18 sessions for lumbar spine were modified to 2 physical therapy sessions, and three acupuncture sessions. On 10/7/13 at her seven-month postsurgical follow-up appointment her surgeon noted "the patient feels she has been improving", "she states her pain is 8/10, on physical examination her gait is slow and steady and she is unable to forward flex at the lumbar spine". As no further surgical intervention was needed, she was returned to her primary treating physician.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**additional physical therapy 2- three times a week for six weeks for the lumbar:** Upheld

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

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

**Decision rationale:** The patient presents with continued low back pain and left leg pain following a revision L4 - S1 fusion surgery that was performed on 3/12/13. There was no clinical documentation outlining the patient's response to physical therapy and acupuncture care. However the 9/12/13 treating physician report indicates the patient is in "no acute distress, minimal palpable tenderness, good core strength, no evidence of distress". The utilization review report dated 10/15/13 indicates the patient had completed 30 physical therapy sessions and 24 acupuncture sessions. The surgeon's report on 10/7/13 requesting an additional 18 physical therapy sessions does not address the clinical need for continued physical therapy. The California MTUS post surgical guidelines state that 34 visits over a 16 week period are allowed. The requested 18 sessions would exceed the 34 visits allowed by California MTUS. The recommendation is for denial

**18 acupuncture sessions:** Upheld

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

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

**Decision rationale:** The patient has completed 24 post surgical acupuncture sessions for her continued lower back pain and left leg pain following post surgical revision fusion L4-S1. The California MTUS Acupuncture Medical Treatment Guidelines state that 3-6 acupuncture treatments to produce functional improvement are recommended with optimum duration of 1-2 months. Acupuncture treatments may be extended if functional improvement is documented. There is no documentation that acupuncture treatments have provided functional improvement as defined in labor code 4942.20(e). This requires "significant improvement in ADL's" or returns to work/reduced work modification AND decreased dependency on medical treatments. In this case, the provider continues to ask for therapy and the provider does not document return to work or reduced work restriction. The recommendation is for denial.