

<b>Case Number:</b>	CM13-0053589		
<b>Date Assigned:</b>	12/30/2013	<b>Date of Injury:</b>	10/27/2010
<b>Decision Date:</b>	03/21/2014	<b>UR Denial Date:</b>	11/13/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	11/18/2013

### 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 Illinois. 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 40-year-old male who reported a work-related injury on 10/27/10. The patient was working on a rooftop, fell through, and landed on his feet, which caused a sudden shooting pain to his back and right leg. The patient was noted to be treated with physical therapy and chiropractic care. The patient's diagnoses were lumbar pain, low back pain with multilevel disc degeneration, and left hamstring partial tear. It was indicated that the patient had no treatment in greater than eight months; however, he previously had success with physical therapy and acupuncture to decrease pain. The physical examination revealed that the patient had difficulty with sitting and rising from a sitting position. The patient had a positive straight leg raise and sitting root nerve test at 30 degrees on the right.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**physical therapy three times a week for four weeks for the lumbar spine and right thigh:**  
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 Page(s): 98-99.

**Decision rationale:** The California MTUS states that physical medicine treatment is recommended with a maximum of 9-10 visits for myalgia and myositis, and 8-10 visits may be warranted for treatment of neuralgia, neuritis, and radiculitis. The clinical documentation submitted for review indicated that the patient had previous physical therapy sessions. There was a lack of documentation indicating the objective functional benefit received from the prior treatment and the number of sessions attended. Given the above, the request for additional physical therapy is not medically necessary.

**acupuncture three times a week for four weeks for the lumbar spine and right thigh:**  
Upheld

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

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

**Decision rationale:** The California MTUS guidelines state that acupuncture is used as an option when pain medication is reduced or not tolerated, and it is recommended as an adjunct to physical rehabilitation. Acupuncture treatments may be extended past six treatments if functional improvement is documented, which includes either a clinically significant improvement in activities of daily living or a reduction in work restrictions. The clinical documentation submitted for review indicated that the patient had prior acupuncture therapy. There was a lack of documentation indicating the patient's objective functional improvement and the number of sessions. Given the above, the request for additional acupuncture sessions is not medically necessary.