

<b>Case Number:</b>	CM13-0054995		
<b>Date Assigned:</b>	12/30/2013	<b>Date of Injury:</b>	12/16/2012
<b>Decision Date:</b>	08/29/2014	<b>UR Denial Date:</b>	11/08/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	11/20/2013

### 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 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 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 patient is a 40 year old male with an injury date of 12/16/12. The 5/10/13 initial evaluation states the patient presented with constant pain in his lower back. The 12/16/12 injury resulted in an injured right ankle and there was no documented treatment for lumbar spine at the time of this initial evaluation. Three follow ups for the ankle from 07/11/13 to 09/16/13 mention no patient complaints of back pain. No diagnosis of the patient's back is listed in the initial evaluation. The 10/01/13 report states the patient presents with a dull ache and constant radiating lower back pain. Diagnosis: Lumbago per [REDACTED] 10/01/13 Progress Report. [REDACTED] is requesting: 1. 12 Physical Therapy Visits (2x6) for the Lumbar spine; 2. 12 acupuncture treatments (2x6) for the lower back. There was no stated purpose for this request in the 10/01/13 progress report. Treatment reports were provided from 05/10/13 to 11/05/13. The UR being challenged is dated 11/08/13. The rationale is that 12 physical therapy visits and 12 acupuncture visits were not medically necessary as a pain management consultation was needed first.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**ACUPUNCTURE 2X6 L/S:** Upheld

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

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

**Decision rationale:** According to the 05/10/13 and 10/01/13 treatment reports the patient presents with lower back pain. The request is for acupuncture 12 sessions and the reports do not indicate that the patient has had any acupuncture for the low back. There is also a request of 12 (2x6) acupuncture visits. MTUS recommends initial trial of 6 sessions of acupuncture and additional treatments with functional improvement. The current request for 12 sessions exceeds what is allowed per MTUS guidelines. Therefore, the request is not medically necessary.

**PHYSICAL THERAPY 2X6 LUMBAR SPINE:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not cite any medical evidence for its decision.

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

**Decision rationale:** According to the 05/10/13 and 10/01/13 treatment reports the patient presents with lower back pain. Other reports do not mention low back pain and the patient appears to have started with an ankle injury initially. Current request is for 12 sessions of physical therapy for the low back and the reports do not show that the patient has had any therapy directed at the low back. The patient had therapy treatments for the ankle, however. MTUS guidelines pages 98, 99 state that for Myalgia and myositis 9-10 visits are recommended over 8 weeks. For Neuralgia, neuritis and radiculitis, 8-10 visits are recommended. The patient would benefit from therapy but the request of 12 sessions exceeds what is allowed per MTUS for the kind of condition this patient is suffering from. Therefore, the request is not medically necessary.