

<b>Case Number:</b>	CM13-0055870		
<b>Date Assigned:</b>	01/15/2014	<b>Date of Injury:</b>	03/08/2012
<b>Decision Date:</b>	09/05/2014	<b>UR Denial Date:</b>	10/30/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	11/21/2013

### 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 Pain Medicine 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:

This is a 46-year-old male who sustained a remote industrial injury on 03/08/12 diagnosed with low back pain with a disc protrusion and inguinal pain. Mechanism of injury occurred when the patient picked up a box that weighed about 45 to 50 pounds and felt a moderate sharp stabbing pain in the low back. The request for physical therapy two times a week for three weeks for the lumbar spine was non-certified at utilization review due to the lack of documentation of exceptional indications for therapy extension and lack of reasons why the prescribed independent home exercise program would be insufficient to address any remaining deficits from the previous 18 sessions. The request for acupuncture two times a week for three weeks for the lumbar spine was also non-certified at utilization review due to the lack of documentation functional improvement with the previous 6 acupuncture visits. The most recent progress note provided is 10/03/13. The patient complains primarily of lumbar spine pain rated as a 5/10 that radiates to the bilateral legs. The patient also reports an increase in bilateral inguinal pain but denies any masses. The physical exam findings are noted as unchanged from the previous visit. The previous physical exam reveals tenderness and decreased range of motion of the lumbar spine. The review of symptoms is positive for abdominal pain, constipation, weight gain, gastritis, anxiety, and sleep disturbance. The patient's current medications included Norco, Prilosec, Naprosyn, and Flexeril. It is noted that the patient is on temporarily total disability for six weeks. The patient's previous treatments include medications, epidural steroid injections, acupuncture, and physical therapy. Imaging studies provided include MRI readings of the lumbar spine, performed on 08/03/12 and 04/10/13. The most recent MRI is referenced as revealing mild facet hypertrophy at L5 -S1, retrolisthesis of L5 on S1, and evidence of lumbar lordosis.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**PHYSICAL THERAPY TWO (2) TIMES A WEEK FOR THREE (3) WEEKS FOR THE 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 California MTUS guidelines, "Patients are instructed and expected to continue active therapies at home as an extension of the treatment process in order to maintain improvement levels." Provided documentation notes that the patient has participated in at least 18 physical therapy sessions in the past with benefit. However, the treating physician does not document limitations that would necessitate more physical therapy sessions over the patient continuing therapy in a safe home exercise program. Thus, medical necessity is not supported and the request for physical therapy two (2) times a week for three (3) weeks for the lumbar spine is not medically necessary.

**ACUPUNCTURE TWO (2) TIMES A WEEK FOR THREE (3) WEEKS FOR THE 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 Acupuncture Page(s): 13.

**Decision rationale:** According to California MTUS guidelines, acupuncture trials of 3-6 treatments are recommended but "Acupuncture treatments may be extended if functional improvement is documented." In this case, provided documentation highlights that the patient has completed 6 sessions of acupuncture but any functional improvement obtained as a result is not delineated. Due to this lack of documentation, additional acupuncture sessions cannot be supported as medically necessary and the request for acupuncture two (2) times a week for three (3) weeks for the lumbar spine is not medically necessary.