

<b>Case Number:</b>	CM13-0059336		
<b>Date Assigned:</b>	12/30/2013	<b>Date of Injury:</b>	01/08/2008
<b>Decision Date:</b>	09/08/2014	<b>UR Denial Date:</b>	11/21/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	12/02/2013

### 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 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:

According to the records made available for review, this is a 67-year-old female with a 1/8/08 date of injury. At the time (9/25/13) of the request for authorization for six acupuncture visits for the lumbar spine and 8 physical therapy sessions for the shoulder, arm, and lumbar pain, there is documentation of subjective (dealing with a flare-up and worsening of her back condition, symptoms radiate to her legs, including cervical spine and lumbar spine) and objective (straight-leg raise test is positive; tightness, tenderness, and spasm; range of motion of the lumbar spine flexion 40 degrees, extension 10 degrees) findings, current diagnoses (acute flare-up of lumbar strain, history of radiculopathy, history of cervical strain, and difficulty sleeping), and treatment to date (physical therapy and medication). Regarding six acupuncture visits for the lumbar spine, there is no documentation that pain medication is reduced or not tolerated or that acupuncture will be used as an adjunct to physical rehabilitation and/or surgical intervention to hasten functional recovery, to reduce pain, reduce inflammation, increase blood flow, increase range of motion, decrease the side effect of medication-induced nausea, promote relaxation in an anxious patient, or reduce muscle spasm. Regarding 8 physical therapy sessions for the shoulder, arm, and lumbar pain, the number of previous physical therapy sessions cannot be determined. In addition, there is no documentation of functional benefit or improvement as a reduction in work restrictions; an increase in activity tolerance; and/or a reduction in the use of medications or medical services with previous physical therapy.

### IMR ISSUES, DECISIONS AND RATIONALES

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

## **SIX ACUPUNCTURE VISITS FOR THE LUMBAR SPINE: Upheld**

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

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

**Decision rationale:** The MTUS Acupuncture Guidelines identifies that acupuncture may be 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, to reduce pain, reduce inflammation, increase blood flow, increase range of motion, decrease the side effect of medication-induced nausea, promote relaxation in an anxious patient, and reduce muscle spasm. In addition, MTUS Acupuncture Guidelines allow the use of acupuncture for musculoskeletal conditions for a frequency and duration of treatment as follows: Time to produce functional improvement of 3-6 treatments, frequency of 1-3 times per week, and duration of 1-2 months. Within the medical information available for review, there is documentation of diagnoses of acute flare-up of lumbar strain, history of radiculopathy, history of cervical strain, and difficulty sleeping. However, there is no documentation that pain medication is reduced or not tolerated or that acupuncture will be used as an adjunct to physical rehabilitation and/or surgical intervention to hasten functional recovery, to reduce pain, reduce inflammation, increase blood flow, increase range of motion, decrease the side effect of medication-induced nausea, promote relaxation in an anxious patient, or reduce muscle spasm. Therefore, based on guidelines and a review of the evidence, the request for six acupuncture visits for the lumbar spine is not medically necessary.

## **8 PHYSICAL THERAPY SESSIONS FOR THE SHOULDER, ARM, AND LUMBAR PAIN: Upheld**

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines physical medicine Page(s): 98. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Shoulder and Low Back, Physical therapy.

**Decision rationale:** The MTUS Chronic Pain Guidelines support a brief course of physical medicine for patients with chronic pain not to exceed 10 visits over 4-8 weeks with allowance for a fading of treatment frequency, with transition to an active self-directed program of independent home physical medicine/therapeutic exercise. The ODG recommends a limited course of physical therapy for patients with a diagnosis of radiculitis not to exceed 12 visits over 8 weeks. The ODG also notes patients should be formally assessed after a "six-visit clinical trial" to see if the patient is moving in a positive direction, no direction, or a negative direction (prior to continuing with the physical therapy) and when treatment requests exceeds guideline recommendations, the physician must provide a statement of exceptional factors to justify going outside of guideline parameters. Within the medical information available for review, there is documentation of diagnoses of acute flare-up of lumbar strain, history of radiculopathy, history

of cervical strain, and difficulty sleeping. In addition, there is documentation of treatment with previous physical therapy and functional deficits and functional goals. However, there is no documentation of the number of sessions completed to date and, if the number of sessions completed to date exceeds guidelines, a statement of exceptional factors to justify going outside of guideline parameters. In addition, there is no documentation of functional benefit or improvement as a reduction in work restrictions; an increase in activity tolerance; and/or a reduction in the use of medications or medical services with previous physical therapy. Therefore, based on guidelines and a review of the evidence, the request for six acupuncture visits for the lumbar spine is not medically necessary.