

<b>Case Number:</b>	CM13-0067003		
<b>Date Assigned:</b>	01/03/2014	<b>Date of Injury:</b>	10/27/2010
<b>Decision Date:</b>	05/20/2014	<b>UR Denial Date:</b>	12/04/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	12/17/2013

### 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 Texas. 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 injured worker is a 41-year-old male who reported an injury on October 27, 2010. The mechanism of injury was an approximately one story fall. This resulted in a torn right hamstring and lower back injury. The injured worker was initially prescribed medication and a course of physical therapy, with minimal benefit. Approximately one year later, the injured worker received an MRI of the lumbar spine (no results discussed or provided), unspecified injections, electrodiagnostic studies (results not included or discussed), and a course of acupuncture with no relief. In early 2012, the injured worker received a course of chiropractic care; however, no discussion of benefit was provided. The injured worker has continued to conservatively treat his lower back symptoms that include radiation of pain into the lower extremities, right greater than left. The injured worker was referred for an orthopedic evaluation in April of 2012. At that time, the injured worker was noted to have had a decreased sensation to the right lower extremity in the S1 dermatome. Since that time, the injured worker has been treated for chronic pain with the use of medications, chiropractic, activity modification, home exercise program, and epidural steroid injections. The clinical records submitted for review indicate the injured worker's average pain level is 5/10 to 6/10, with continued limited lumbar range of motion and tenderness of the lumbar paraspinal muscles.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**PHYSICAL THERAPY, TWELVE SESSIONS:** Upheld

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

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

**Decision rationale:** The Chronic Pain Medical Treatment Guidelines recommend up to ten visits of physical therapy to treat an unspecified myalgia or myositis. The clinical information submitted for review provided evidence that the injured worker suffered from chronic pain and had decreased range of motion to the lumbar spine. Unfortunately, the current request did not specify which body region was to be treated and, therefore, medical necessity cannot be determined. Additionally, the current request for twelve sessions exceeds guideline recommendations of a trial of six visits followed by re-evaluation, to determine treatment efficacy. The request for physical therapy, twelve sessions, is not medically necessary or appropriate.

**ACUPUNCTURE, TWELVE SESSIONS:** 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 Acupuncture Guidelines recommend acupuncture to reduce pain and inflammation, increase blood flow and range of motion, and to decrease side effects of medications. Additionally, it may be used to promote relaxation in an anxious patient, and reduce muscle spasms. Guidelines state that between three and six acupuncture treatments are sufficient to produce a functional improvement, and extension of treatment is dependent upon documentation of objective functional gains. The clinical information submitted for review provided evidence that the injured worker suffers from anxiety, chronic pain, and muscle spasms, and may benefit from a course of acupuncture therapy. However, the current request for twelve sessions exceeds guideline recommendations of an initial trial of three treatments to six treatments, to determine efficacy. The request for acupuncture, twelve sessions, is not medically necessary or appropriate.

**TRANSPORTATION TO AND FROM MEDICAL TREATMENTS:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Web, Knee & Leg, Back (Acute & Chronic) Chapter, Transportation Section.

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Web, Knee & Leg, Back (Acute & Chronic) Chapter, Transportation Section.

**Decision rationale:** The California MTUS/ACOEM Guidelines did not specifically address the need for transportation to and from appointments; therefore, the Official Disability Guidelines were supplemented. ODG states that transportation is provided for patients with disabilities that prevent them from transporting themselves, in the same community in which they live. As the clinical information submitted for review did not provide any indication that the injured worker had any difficulties transporting self to and from appointments, the medical necessity of this request has not been established. Furthermore, there was no indication as to how many transports were needed and for what duration. The request for transportation to and from medical treatments is not medically necessary or appropriate.