

<b>Case Number:</b>	CM14-0109613		
<b>Date Assigned:</b>	08/01/2014	<b>Date of Injury:</b>	05/17/2011
<b>Decision Date:</b>	10/28/2014	<b>UR Denial Date:</b>	07/07/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	07/15/2014

### 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:

The injured worker is a 49-year-old female who reported a work related injury on 05/17/2011. The mechanism of injury was not provided for review. The injured worker's diagnoses consist of lumbar myoligamentous injury with left lower extremity radicular symptoms, and left sacral joint dysfunction. The injured worker's consisted of injections, physical therapy, acupuncture, and medication management. Diagnostic studies consisted of an MRI of the lumbar spine dated 06/09/2011, which revealed minimal disc disease at L3-4 and L4-5. An EMG of the bilateral extremities was performed on 05/13/2011, which were unremarkable. The injured worker's past surgical history consisted of a left sacroiliac joint injection on 06/13/2013, which provided at least 50% of pain relief for 3 months. Upon examination on 06/03/2014, the injured worker complained of ongoing low back and left hip pain. The injured worker stated that the pain is manageable on her current medication regimen. She rated her pain as a 5 in intensity during flare ups, but with her current medication regimen, the pain decreased to a 4/10 on a VAS pain scale. The injured worker stated she is able to perform simple chores around the house, including cooking and cleaning, with less pain. She continued to receive outpatient physical therapy, which had been beneficial, and she attributes it to medication, as this enables to her to actively participate with the exercise program. Upon examination of the lumbar spine, it was noted that there was tenderness to palpation bilaterally to the lumbar musculature. It was noted that there were numerous trigger points which were palpable and tender with taut bands throughout the lumbar paraspinal muscles. It was also noted that there was muscle guarding with range of motion testing. The lumbar range of motion consisted of: flexion 45/60 degrees, extension 15 degrees out of 25 degrees, left lateral bend 20 degrees out of 25 degrees, bilateral bend 20 degrees out of 25 degrees. On neurological exam, it was noted that deep tendon reflexes and lower extremity motor testing were within normal limits. The injured worker's prescribed

medications include Norco, Anaprox, and Prilosec. The injured worker's treatment plan consisted of refilling prescribed medications, physical therapy to the lumbar spine, and acupuncture to the lumbar spine. The rationale for the request was not submitted for review. The request for additional acupuncture of 12 sessions is not medically necessary. A Request for Authorization form was not submitted for review.

### **IMR ISSUES, DECISIONS AND RATIONALES**

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

**Additional Acupuncture of 12 sessions:** Upheld

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

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

**Decision rationale:** The request for Additional Acupuncture of 12 sessions is not medically necessary. The California MTUS Acupuncture Guidelines state acupuncture is used as an option when pain medication is reduced or not tolerated and it may be used as an adjunct to physical rehabilitation and/or surgical intervention to accelerate functional recovery. Acupuncture can be used 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. The time noted to produce functional improvement is three to six treatments, with a recommended frequency of one to three times per week and a duration of one to two months. Acupuncture treatments may be extended if functional improvement is documented. The injured worker complained of pain, however, there was not sufficient documentation indicating that the dosage of her medications had been reduced or that the treatment was not tolerated. In addition, there was no documentation indicating that she would be participating in a therapeutic exercise program concurrently. Therefore, the request is not medically necessary. As such, the request Additional Acupuncture of 12 sessions is not medically necessary.

**Additional physical therapy (Unspecified):** 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:** The request for additional physical therapy (Unspecified) is not medically necessary. The California MTUS recommends 9 to 10 visits over 8 weeks for myalgia and myositis. The documentation submitted for review stated the injured worked completed physical therapy. However, documentation regarding those sessions were not provided for review. It was noted that the injured worker was able to perform simple chores around the house. It was also noted that the injured workers previous physical therapy visits were beneficial. Additionally,

within the documentation there was no evidence of exceptional factors to warrant additional visits. Furthermore, The California Chronic Pain Medical Treatment Guidelines also recommends active therapy based on the philosophy that therapeutic exercise and/or activity are beneficial for restoring flexibility, strength, endurance, function, range of motion, and can alleviate discomfort. Active therapy requires an internal effort by the individual to complete a specific exercise or task. Injured workers are instructed and expected to continue active therapies at home as an extension of the treatment process in order to maintain improvement levels. Home exercise can include exercise with or without mechanical assistance or resistance and functional activities with assistive devices. Moreover, the clinical documentation did not provide any current significant functional deficits or quantifiable objective functional improvements with regards to previous physical therapy sessions. There is no documentation of any significant residual functional deficits to support the request for additional therapy. Therefore, the request for additional physical therapy (Unspecified) is not medically necessary.