

<b>Case Number:</b>	CM14-0113347		
<b>Date Assigned:</b>	09/22/2014	<b>Date of Injury:</b>	10/11/2012
<b>Decision Date:</b>	12/18/2014	<b>UR Denial Date:</b>	07/08/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	07/21/2014

### 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 and is licensed to practice in New York. 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 34-year-old male who reported an injury on 10/11/2012, due to unloading merchandize from a semi-truck. His diagnoses were noted as herniated nucleus pulposus L5-S1, superimposed upon grade 1 isthmic spondylolisthesis with radicular symptomatology to the lower extremities, and lumbar strain/sprain, as well as sleep deprivation. His past treatments were noted to include a home exercise program, transforaminal epidural steroid injections at the L5-S1 level, chiropractic treatments, and acupuncture. The documentation submitted for review did not indicate any past physical therapy treatments. Diagnostic studies were noted to include an EMG/NCV on 01/13/2014, which revealed a normal study to both lower extremities, and an MRI of the lumbosacral spine performed on 11/27/2013, which showed a grade I spondylitic spondylolisthesis of L5 on S1, with bilateral pars defects; disc desiccation at T12-L1 through L5-S1, with associated loss of disc height at L5-S1, with modic type 2 endplate degenerative changes of the inferior endplate of L5 to the superior endplate of S1. The MRI also showed anterolisthesis of L5 on S1, causing stenosis of the spinal canal, and bilateral neural foramina that contacted the visualized bilateral L5 exiting nerve roots. The documentation provided did not include pertinent surgical history, nor did it include relevant medications. On 06/26/2014, the injured worker complained of constant sharp, stabbing, lower back pain that radiated into his lower extremities, with numbness and tingling. The physical examination noted that the injured worker had Active range of motion to the lumbar spine noted flexion at 45 degrees, extension 30 degrees, left lateral flexion 30 degrees, right lateral flexion 30 degrees, left rotation 30 degrees, and right rotation 30 degrees with moderate pain. The physician's recommended the injured worker to have physical therapy of the lumbar spine twice a week for 4 weeks, follow-up with an orthopedic evaluation upon completion of physical therapy, and a second epidural steroid injection to the lumbar spine. The documentation did not

provide a rationale for the request of 6 acupuncture visits, and physical therapy 2 times 4. The Request for Authorization was not included in the documentation submitted for review.

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

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

#### **6 Acupuncture visits - 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 request for 6 acupuncture visits for the lumbar spine is not medically necessary. Acupuncture" is used as an option when pain medication is reduced or not tolerated. It must be used as an adjunct to physical rehabilitation and/or surgical intervention to hasten functional recovery. Frequency and duration of acupuncture or acupuncture with electrical stimulation may be performed for time to produce functional improvement: 3 to 6 treatments for 1 to 3 times per week for 1-2 months. There was a lack of documentation showing evidence of objective functional improvements. Based on the lack of documentation, the request for 6 acupuncture visits is not supported. As such, the request is not medically necessary.

#### **Physical therapy 2 times 4 weeks - lumbar spine: 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) Low Back

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

**Decision rationale:** The request for physical therapy 2 times 4 weeks - lumbar spine is not medically necessary. The documentation provided noted the injured worker's diagnosis was herniated nucleus pulposus at L5-S1 superimposed upon grade 1 isthmic spondylolisthesis with radicular symptomatology to the lower extremities. The documentation also noted the injured worker complained of low back pain described as sharp and stabbing that radiating into his lower extremities with numbness and tingling. According to the California MTUS Guidelines, up to 10 visits of physical therapy is recommended for patients with unspecified radiculitis to promote functional improvement and provide instruction in a home exercise program. The physical exam findings on 06/26/2014 showed the injured worker had a decrease in range of motion and decrease in motor strength. The documentation did not provide how many physical therapy treatments the injured worker had received since 10/11/2012, proof of objective functional improvement, and a decrease in medication. The provider noted he recommends the injured worker to continue conservative care to avoid surgery. Based on the lack of documentation the request for physical therapy 2 times a week for 4 weeks for the lumbar spine is not supported. As such, the request is not medically necessary.

