

<b>Case Number:</b>	CM14-0152560		
<b>Date Assigned:</b>	09/22/2014	<b>Date of Injury:</b>	07/16/2009
<b>Decision Date:</b>	10/22/2014	<b>UR Denial Date:</b>	09/08/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	09/18/2014

### 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 & Rehabilitation, has a subspecialty in Interventional Spine 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 case involves a 55 year old male with date of injury 7/16/09. The treating physician report dated 8/25/14 indicates that the patient presents with chronic lower back pain that radiates to the left lower extremity. The physical examination findings states that the patient ambulates without assistance. There is documentation of a lumbar MRI dated 8/17/09 that shows posterior bulging at L4/5 and the patient is status post left L5 laminotomy. The current diagnoses are lumbar post laminectomy syndrome, disorders of sacrum and sciatica. The utilization review report dated 9/8/14 denied, the request for 12 physical therapy sessions and modified the request to 6 sessions and 12 acupuncture treatments were denied based on the MTUS guidelines.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**12 Sessions of Physical Therapy (2 times a week for 6 weeks): Upheld**

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

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

**Decision rationale:** The patient presents with chronic lower back pain and left lower extremity pain. The current request is for 12 sessions of physical therapy (2 times a week for 6 weeks). The treating physician states that in order to do exercises the patient will require acupuncture to reduce some pain. There are no physical examination findings to indicate that the patient requires physical therapy. The MTUS guidelines allow 8-10 therapy visits. When reading Official Disability Guidelines (ODG) for additional discussion, 6 initial therapy visits and up to 10-12 sessions are recommended with improvement. In this case, there is a request for 12 sessions the utilization review physician approved 6 visits for the patient. The current request for 12 sessions exceeds what MTUS allows for this type of condition, and there is no documentation of a new injury/exacerbation, decline in function, change in diagnosis, etc. to clinically explain the need for additional therapy at this juncture. Therefore, this request is not medically necessary.

**12 Acupuncture Visits (once a week for 12 weeks): Upheld**

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

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

**Decision rationale:** The patient presents with chronic lower back pain and left lower extremity pain. The current request is for 12 acupuncture visits (once a week for 12 weeks). The treating physician's 8/25/14 report states that acupuncture is being prescribed so that the patient will have less pain so he can perform exercises in physical therapy. Review of the Acupuncture Medical Treatment Guidelines (AMTG) supports acupuncture for 3-6 treatments and treatments may be extended if functional improvement is documented. In this case, there is no evidence of prior acupuncture treatments provided and a trial of 6 session may be reasonable but the requested 12 sessions are in excess of the MTUS guidelines. Therefore, this request is not medically necessary.