

<b>Case Number:</b>	CM14-0179484		
<b>Date Assigned:</b>	11/03/2014	<b>Date of Injury:</b>	11/19/2002
<b>Decision Date:</b>	12/09/2014	<b>UR Denial Date:</b>	09/30/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	10/29/2014

### 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 Family 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 56 year old female who reported an injury on 11/19/2002. The mechanism of injury was not provided. Her diagnoses include spinal discopathy. Her past treatments were noted to include physical therapy, acupuncture, aquatic therapy, and home exercises. On 09/11/2014, the injured worker reported receiving benefit from acupuncture and chiropractic therapy as well as occasional use of medication. The physical findings revealed tenderness to palpation of the lumbar spine with spasm and antalgic gait. Her current medications were not provided. The treatment plan was noted to include obtaining authorization for additional acupuncture and physical therapy. A request was received for acupuncture with electrical stimulation twice a week for 6 weeks and physical therapy twice a week for 4 weeks. The rationale was not specified. A Request for Authorization form was submitted for review on 09/11/2014.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Acupuncture Treatment with Electrical Stimulation, Twice Weekly for Six Weeks:** 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 Acupuncture Treatment with Electrical Stimulation, Twice Weekly for Six Weeks is not medically necessary. The California MTUS Guidelines recommend acupuncture with electrical stimulation as an option when pain medication is reduced or not tolerated and as an adjunct to physical rehabilitation and/or surgical intervention to hasten functional recovery. Additionally, the guidelines recommend extended acupuncture therapy with evidence of function improvement. Although the injured worker was noted to be receiving treatment for resumption of back pain in 12/2013, there was insufficient documentation submitted determine the total number of acupuncture sessions received to date as well as evidence of objective function improvement. Moreover, the injured worker received 6 sessions of acupuncture therapy from 06/25/2014 to 07/10/2014; however, there was insufficient documentation of objective function improvement and objective pain relief. Furthermore, there was no objective VAS pain indicated in the 09/11/2014 clinical not pain level before and after acupuncture therapy to monitor efficacy of therapy. Therefore, in the absence of this documentation, the request is not supported by the evidence-based guidelines. As such, the request for Acupuncture treatment with electrical stimulation, twice weekly for six weeks is not medically necessary.

**Physical Therapy, Twice Weekly for Four Weeks: Upheld**

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

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

**Decision rationale:** The request for Physical Therapy, Twice Weekly for Four Weeks is not medically necessary. The California MTUS Guidelines recommend 8-10 visits of physical therapy over 4 weeks for unspecified neuralgia, neuritis, and radiculitis. The resumption of back pain begun 12/2013; however, there was insufficient documentation to determine the total number of physical therapy visits received to date as well as evidence of function improvement. Moreover, the 09/11/2014 clinical note did not indicate objective functional deficits. Therefore, in the absence of this documentation, the request is not supported by the evidence-based guidelines. As such, the request for Physical therapy, twice weekly for four weeks is not medically necessary.