

<b>Case Number:</b>	CM14-0036559		
<b>Date Assigned:</b>	06/25/2014	<b>Date of Injury:</b>	09/22/1999
<b>Decision Date:</b>	07/25/2014	<b>UR Denial Date:</b>	03/17/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	03/26/2014

### 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 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:

The patient is a 56 year old male with an injury date on 09/22/1999. Based on the 03/08/2014 progress report provided by [REDACTED], the patient presents with lower back pain. The diagnoses are Lumbalgia, and Lumbar disc herniation, status post lumbar epidural injection. An exam on 03/08/2014, shows palpable tenderness at the lumbar spine, bilateral sacroiliac joint, and sacrum. The 01/09/2014 report, revealed positive Kemp's Test on the right, positive SLR with tension at 60 degrees on the right, and positive Braggard's on the right. EMG/NCV of the lower extremities dated 2/17/2011, shows L4-5 radiculopathy on the right. The patient states, injections, physical therapy, and medication such as Motrin to help with the pain. [REDACTED] is requesting 12 sessions of physiotherapy/ acupuncture. The utilization review determination being challenged is dated 03/17/2014. [REDACTED] is the requesting provider, and he provided treatment reports from 12/14/2013 to 03/08/2014.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Physiotherapy/Acupuncture three (3) times a week for four (4) weeks: Upheld**

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

**MAXIMUS guideline:** The Expert Reviewer based his/her decision on the MTUS Chronic Pain Medical Treatment Guidelines.

**Decision rationale:** This patient presents with lower back pain with radicular symptoms that are more noticeable. The treater has asked for 12 sessions of physiotherapy/ acupuncture on 03/08/2014. Review of the reports do not indicate any prior acupuncture reports and it is not known whether or not the patient has had acupuncture in the past. The request was denied by utilization review letter dated 03/17/2013. The rationale was that "the claimant has a history of physical therapy without objective documentation of improvement. The request for [acupuncture/physiotherapy] would not be supported without objective documentation of prior response to physical therapy or failure of physical therapy." When reading MTUS for acupuncture, prior response to therapy is not pre-requisite to a trial of acupuncture. For low back pain, MTUS allows for a trial of acupuncture up to 6 sessions and more if functional improvement is demonstrated. Given that this patient has not tried acupuncture in the past, acupuncture appear reasonable. However, the treater is requesting for 12 sessions which exceed what is allowed by MTUS. Recommendation is for denial.