

<b>Case Number:</b>	CM14-0038328		
<b>Date Assigned:</b>	06/25/2014	<b>Date of Injury:</b>	05/03/2012
<b>Decision Date:</b>	07/23/2014	<b>UR Denial Date:</b>	03/18/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	04/01/2014

### 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 Occupational 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 patient is a 30 year old female, date of injury 5/03/12. Subsequent to a lift and twisting injury she has developed persistent low back pain that radiates into the right lower extremity. She has remained at limited duties. Treatment has consisted of epidural injections, mild oral analgesics and a prior 12 sessions of physical therapy. These treatments have been of little benefit and possible Facet injections are being considered. MRI scanning shows degenerative disc disease affecting the lower 3 lumbar segments with a 2mm retrolisthesis at L3-4. No significant central or nerve root stenosis was seen. Electrodiagnostics were negative for nerve root compression.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Physical therapy 2 times 6:** Upheld

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 114, Chronic Pain Treatment Guidelines Chronic Pain Medical Treatment Guidelines, Physical Medicine Page(s): 98-99.

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

**Decision rationale:** The extent of repeat physical therapy significantly exceeds what his MTUS Guideline recommended. For initial therapy 8-10 sessions is recommended. Additional episodic therapy would be expected to less than this amount as the educational and self care aspects should have been previousl explained and trained. There is no obvious reason for an exception to the Guideline recommendations. The extent of physical therapy is not medically necessary

**Acupuncture 2 times 6:** Upheld

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 114,Acupuncture Treatment Guidelines.

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

**Decision rationale:** The MTUS Acupuncture Guidelines are very specific regarding a reasonable amount of sessions to be considered medically necessary. The Guidelines recommend a trial of 3-6 sessions with additional sessions considered only if there are functional improvements. This request significantly exceeds Guideline recommendations and there is no obvious reason for an exception to the Guidelines. The extent of the request is not medically necessary.

**Chiropractic 2 times 6:** Upheld

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 298-299,Chronic Pain Treatment Guidelines Page(s): 58.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Manual Therapy.

**Decision rationale:** The MTUS Chronic Pain Guidelines are very specific regarding a reasonable amount of sessions to be considered medically necessary. The Guidelines recommend a trial of up to 6 sessions with additional sessions considered only if there are functional improvements. This request significantly exceeds Guideline recommendations and there is no obvious reason for an exception to the Guidelines. The extent of the request is not medically necessary.