

<b>Case Number:</b>	CM14-0042245		
<b>Date Assigned:</b>	06/30/2014	<b>Date of Injury:</b>	02/11/2013
<b>Decision Date:</b>	08/15/2014	<b>UR Denial Date:</b>	03/13/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	04/10/2014

### 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 Practice 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 31 year old female claimant who sustained a work injury on 2/11/13 involving the low back . She was diagnosed with lumbar radiculopathy. She had undergone physical and acupuncture therapy in October 2013. A progress note on 10/11/13 indicated she found acupuncture helpful but physical therapy made her symptoms worse. She did not find prior facet joint injections helpful. Findings were notable for low back pain radiating down to the foot and reduced range of motion of the lumbar spine. The treating physician recommended six additional treatments of physical therapy, six sessions of acupuncture, aquatic exercises and electrodiagnostic testing. On 3/6/14 , the claimant had completed aquatic therapy and had similar exam findings as previously. The therapy and acupuncture were more helpful. The treating physician requested 6 additional therapy and acupuncture visits.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Additional six sessions of acupuncture:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not cite any medical evidence for its decision.

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 299,Chronic Pain Treatment Guidelines Page(s): 98.

**Decision rationale:** According to the guidelines: "Acupuncture is used as an option when pain medication is reduced or not tolerated, it may 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 as follows: Time to produce functional improvement: 3 to 6 treatments; Frequency: 1 to 3 times per week; Optimum duration: 1 to 2 months". In this case, the claimant had already undergone 12 treatments of acupuncture. Therefore, the request for and additional six sessions of acupuncture is not medically necessary and appropriate.

**Additional six session of physical therapy for the lumbar spine:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not cite any medical evidence for its decision.

**MAXIMUS guideline:** Decision based on MTUS Acupuncture Treatment Guidelines. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG Low back (web updated 2/13/14), Physical Therapy Guidelines.

**Decision rationale:** According to the MTUS/ACOEM Guidelines, physical therapy is recommended for 1 to 2 visits for education, counseling, and evaluation of home exercise for range of motion and strengthening. In this case, the claimant had already undergone 12 physical therapy sessions and did not obtain any significant functional improvement. Therefore, the request for and additional six session of physical therapy for the lumbar spine is not medically necessary and appropriate.