

<b>Case Number:</b>	CM14-0046199		
<b>Date Assigned:</b>	07/23/2014	<b>Date of Injury:</b>	10/11/2013
<b>Decision Date:</b>	08/27/2014	<b>UR Denial Date:</b>	04/02/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	04/14/2014

### 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 42 year old male with date of injury 10/11/13. The treating physician report dated 1/9/14 indicates that the patient presents with pain affecting the right lower extremity with numbness in toes. The patient's symptoms are stable and he is currently in PT and acupuncture which is helping. The MRI report dated 1/10/14 states there is a 7mm right posterolateral disc extrusion compressing the traversing right L5 nerve root with a 2mm protrusion at L5/S1. The current diagnoses are: 1.Lumbar disc extrusion2.Lumbar radiculopathyThe utilization review report dated 4/1/14 denied the request for PT with light Pilates 6 sessions and Acupuncture 6 sessions 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:

**PT WITH LIGHT PILATES X6:** Upheld

**Claims Administrator guideline:** Decision based on MTUS ACOEM Page(s): 114. Decision based on Non-MTUS Citation OFFICIAL DISABILTIY GUIDELINES.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines <Insert Section>, page(s) <Insert Page Number or Numbers>Physical Medicine pg 98-99Recommended as indicated below. Passive therapy (those treatment modalities that do not require energy expenditure on the part of the patient) can provide short term relief during the early phases of

pain treatment and are directed at controlling symptoms such as pain, inflammation and swelling and to improve the rate of healing soft tissue injuries. They can be used sparingly with active therapies to help control swelling, pain and inflammation during the rehabilitation process. Active therapy is based on the philosophy that therapeutic exercise and/or activity are beneficial for restoring flexibility, strength, endurance, function, range of motion, and can alleviate discomfort. Active therapy requires an internal effort by the individual to complete a specific exercise or task. This form of therapy may require supervision from a therapist or medical provider such as verbal, visual and/or tactile instruction(s). Patients are instructed and expected to continue active therapies at home as an extension of the treatment process in order to maintain improvement levels. Home exercise can include exercise with or without mechanical assistance or resistance and functional activities with assistive devices. (Colorado, 2002) (Airaksinen, 2006) Patient-specific hand therapy is very important in reducing swelling, decreasing pain, and improving range of motion in CRPS. (Li, 2005) The use of active treatment modalities (e.g., exercise, education, activity modification) instead of passive treatments is associated with substantially better clinical outcomes. In a large case series of patients with low back pain treated by physical therapists, those adhering to guidelines for active rather than passive treatments incurred fewer treatment visits, cost less, and had less pain and less disability. The overall success rates were 64.7% among those adhering to the active treatment recommendations versus 36.5% for passive treatment. (Fritz, 2007) Physical Medicine Guidelines - Allow for fading of treatment frequency (from up to 3 visits per week to 1 or less), plus active self-directed home Physical Medicine. Myalgia and myositis, unspecified (ICD9 729.1): 9-10 visits over 8 weeks Neuralgia, neuritis, and radiculitis, unspecified (ICD9 729.2) 8-10 visits over 4 weeks Reflex sympathetic dystrophy (CRPS) (ICD9 337.2): 24 visits over 16 weeks Page(s): 98-99.

**Decision rationale:** The patient presents with chronic right lower extremity pain with numbness affecting the toes. The current request is for PT with light Pilates x 6. The treating physician report dated 1/9/14 indicates the patient is stable and has been in physical therapy. The plan states, "Schedule for therapy, up to 6 additional visits, 2x3." The utilization review report dated 4/1/14 states that the patient has had 24 PT visits. The MTUS guidelines allow 8-10 therapy visits for myalgia and neuritis. There is nothing in the reports provided to indicate that a new injury has occurred to support additional physical therapy at this juncture. The treating physician reports that the patient is stable following completion of his latest physical therapy sessions and there is no rationale provided to override the MTUS recommendation of 8-10 sessions when 24 PT sessions have been completed. Recommendation is for denial of PT with light Pilates x 6.

**ACUPUNCTURE X 6:** 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 right lower extremity pain with numbness affecting the toes. The current request is for acupuncture x 6 treatments. The treating physician report dated 1/30/14 states, "He feels the pattern of symptoms is stable. Feels a bit better. Still R

buttock pain and numbness down RLE. I am requesting we add 6 additional acupuncture visits." Review of the Acupuncture Medical Treatment Guidelines (AMTG) recommends acupuncture treatment for spinal complaints. The AMTG states that if acupuncture treatments are to be extended then there must be documented functional improvement. The AMTG does not support on-going acupuncture treatments without documentation of functional improvement. Functional improvement per labor code 9792.20(e) require significant change in ADL's, improvement in work status AND decreased dependence of other treatments. In this case, the treater documents that the patient is stable, there is no pain scale documentation and there is no information regarding functional improvements with previous acupuncture care. There is no clinical information provided to support ongoing acupuncture treatment and the patient has received 24 prior acupuncture treatments. Recommendation is for denial.