

<b>Case Number:</b>	CM14-0049820		
<b>Date Assigned:</b>	07/07/2014	<b>Date of Injury:</b>	02/01/2013
<b>Decision Date:</b>	08/15/2014	<b>UR Denial Date:</b>	03/31/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	04/17/2014

### 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 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 44-year-old male who reported an injury on 02/01/2013. The mechanism of injury was noted to be a fall. Prior treatments included chiropractic care, acupuncture, physical therapy, occupational therapy, trigger point injections, transcutaneous electrical nerve stimulation, and medications. His diagnoses were noted to be lumbar radiculopathy, lumbar sprain/strain, and left knee internal derangement. A progress report dated 04/17/2014 notes the injured worker with complaints of pain and stiffness radiating to both legs with numbness. Objective findings include tenderness to palpation of the bilateral SI joints, coccyx, lumbar paravertebral muscles, and sacrum. Straight leg raise caused pain bilaterally. Regarding the left knee, there was tenderness to palpation of the lateral joint line, medial joint line, and superior border of the patella. McMurray's caused pain. The provider's rationale for the request was not provided within the documentation. A Request for Authorization for Medical Treatment was not provided within the documentation.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Acupuncture 1X6 to 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 rationale:** The California MTUS Guidelines recognize acupuncture and 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. Acupuncture can be used to reduce pain, reduce inflammation, increase blood flow, increase range of motion, decrease the side effect of medication-induced nausea, promote relaxation in an anxious patient, and reduce muscle spasm. There was a lack of clinical evidence indicating the injured worker had a reduction in medication as a result of acupuncture. The progress note did not indicate physical rehabilitation or a surgical recovery that would warrant an adjunct acupuncture therapy. The objective findings do not indicate inflammation, spasms, or anxiousness. The injured worker has had acupuncture therapy previously with no clinical evidence indicating that there was a reduction in medication as a result or any efficacy of the therapy process. Therefore, the request for Acupuncture 1X6 to Lumbar Spine is not medically necessary.

**Acupuncture 1X6 to Left Knee: 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 rationale:** The California MTUS Guidelines recognize acupuncture and use 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. Acupuncture can be used to reduce pain, reduce inflammation, increase blood flow, increase range of motion, decrease the side effect of medication-induced nausea, promote relaxation in an anxious patient, and reduce muscle spasm. There was a lack of clinical evidence indicating the injured worker had a reduction in medication as a result of acupuncture. The progress note does not indicate physical rehabilitation or a surgical recovery that would warrant an adjunct acupuncture therapy. The objective findings do not indicate inflammation, spasms, or anxiousness. The injured worker has had acupuncture therapy previously with no clinical evidence indicating that there was a reduction in medication as a result or any efficacy of the therapy process. Therefore, the request for Acupuncture 1X6 to Left Knee is not medically necessary.

**Therapeutic Exercise with Registered Physical Therapist 1X6 to Lumbar Spine: Upheld**

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Exercise Page(s): 46-47.

**Decision rationale:** TThe California MTUS Guidelines recommend exercise as there is strong evidence that exercise programs, including aerobic conditioning and strengthening, are superior to treatment programs that do not include exercise. A therapeutic exercise program should be initiated at the start of any treatment or rehabilitation program, unless exercise is contraindicated.

Such programs should emphasize education, independence, and the importance of an ongoing exercise regimen. The objective findings on the progress report dated 04/17/2014 do not indicate the injured worker with significant symptoms to warrant an exercise program with a registered physical therapist. The findings did not include range of motion values, motor strength scores, or functional limitations to objectively warrant an exercise program with a registered physical therapist. Therefore, the request for Therapeutic Exercise with Registered Physical Therapist 1X6 to Lumbar Spine is not medically necessary.

**Therapeutic Exercise with Registered Physical Therapist 1X6 to Left Knee: Upheld**

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Exercise Page(s): 46-47.

**Decision rationale:** The California MTUS Guidelines recommend exercise as there is strong evidence that exercise programs, including aerobic conditioning and strengthening, are superior to treatment programs that do not include exercise. A therapeutic exercise program should be initiated at the start of any treatment or rehabilitation program, unless exercise is contraindicated. Such programs should emphasize education, independence, and the importance of an ongoing exercise regimen. The objective findings on the progress report dated 04/17/2014 do not indicate the injured worker with significant symptoms to warrant an exercise program with a registered physical therapist. The findings did not include range of motion values, motor strength scores, or functional limitations to objectively warrant an exercise program with a registered physical therapist. Therefore, the request for request for Therapeutic Exercise with Registered Physical Therapist 1X6 to Left Knee is not medically necessary.

**Localized Intense Neurostimulation Treatment X6 for the Lower Back: Upheld**

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Neuromuscular electrical stimulation (NMES devices) Page(s): 121.

**Decision rationale:** The California MTUS Chronic Pain Medical Treatment Guidelines do not recommend the use of neuromuscular electrical stimulation. Neuromuscular electrical stimulation is used primarily as part of a rehabilitation program following stroke, and there is no evidence to support its use in chronic pain. There are no intervention trials suggesting benefit from a neuromuscular electrical stimulation for chronic pain. The progress report dated 04/17/2014 does not indicate the injured worker is status post stroke. There is no evidence to suggest that the injured worker is currently participating in a rehabilitation program. The guidelines do not recommend the use of neuromuscular electrical stimulation. Therefore, the request for Localized Intense Neurostimulation Treatment X6 for the Lower Back is not medically necessary.

