

<b>Case Number:</b>	CM14-0049987		
<b>Date Assigned:</b>	07/07/2014	<b>Date of Injury:</b>	04/23/2013
<b>Decision Date:</b>	08/06/2014	<b>UR Denial Date:</b>	03/27/2014
<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:

This is a 59-year-old with a date of injury of April 23, 2013. Mechanism of injury is not disclosed in the submitted medical records submitted for IMR review. The patient is noted to have a low back injury, and has completed nineteen sessions of PT and 20 sessions of acupuncture. Submitted records do not reflect documentation of objective and functional improvement with the treatment to date with both PT and acupuncture. The submitted report for review does not reflect any significant exam abnormalities. There is no documentation of any extenuating clinical issues that justify extension beyond guideline recommendations. This was submitted to Utilization Review on March 27, 2014, where the reviewing physician did not find clear basis for extension of skilled care.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Physical therapy for the lumbar spine, twice weekly for six weeks:** 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): 130-132, Chronic Pain Treatment Guidelines Physical Medicine Page(s): 98-99. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Low Back, Physical medicine treatment.

**Decision rationale:** MTUS guidelines recommend eight to twelve sessions of physical therapy (PT) for this type of low back diagnosis. The Low Back Complaints Chapter of the ACOEM Practice Guidelines and the Chronic Pain Medical Treatment Guidelines recommend nine to ten sessions of PT for myalgia, the Low Back Complaints Chapter of the ACOEM Practice Guidelines recommends eight to twelve sessions of PT, and the ODG recommends nine to twelve sessions of PT. In this case, the patient has completed nineteen sessions of PT with no reports submitted to IMR that documents any extenuating clinical issues that justify extension of skilled therapy past guideline recommendations or refute the basis of the the adverse UR determination. The request for physical therapy for the lumbar spine, twice weekly for six weeks, is not medically necessary or appropriate.

**Acupuncture therapy for the lumbar spine, twice weekly for six weeks:** Upheld

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

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

**Decision rationale:** The Acupuncture Medical Treatment Guidelines support a trial of acupuncture, with a trial defined as three to six sessions. For extension beyond a trial, guidelines require documented evidence of clinically significant objective and functional benefit/progression. In this case, the patient has now completed twenty sessions of acupuncture with no clear documentation submitted for IMR review that reflects clinically significant objective and functional benefit/progression. The request for acupuncture therapy for the lumbar spine, twice weekly for six weeks, is not medically necessary or appropriate.