

<b>Case Number:</b>	CM14-0073697		
<b>Date Assigned:</b>	09/05/2014	<b>Date of Injury:</b>	08/11/2013
<b>Decision Date:</b>	10/03/2014	<b>UR Denial Date:</b>	05/15/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	05/20/2014

### 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 & Rehabilitation, and is licensed to practice in Illinois. 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 33-year-old male who reported an injury on 08/11/2013 reportedly when he slipped and fell, landing on his back; he experienced developing pain in his lower back. The injured worker's treatment history included x-rays of the lumbar spine, MRI studies, medications, physical therapy sessions, urine drug screen. The injured worker was evaluated on 05/14/2014 and it was documented the injured worker complained of pain from his lower back that travels down to the legs. He experienced 80% of the pain in his back and the remaining 20% in his leg. Aching pain and tingling sensation were present in the injured worker's lower back and bilateral upper legs. In the lower back, stabbing pains as well as pins and needles sensation are presented. Numbness was also present in the bilateral upper thighs. The injured worker reported pulsations in the lower back as well. The pain in the lower back was rated at 3/10 to 5/10 in intensity. The bilateral upper leg pain was reported at 10/10 in intensity. Movements that intensified the symptoms in the injured worker's low back include bending, lifting, twisting, and squatting. It was noted that sleeping, sitting, typing worsens his low back pain. In the leg and lower back, pain was heightened while the injured worker stands. It was noted that locking, grinding, and weakness were presented in his lower back. The injured worker's leg pain had numbness and giving way. Physical Examination of the lumbar spine revealed range of motion flexion was 60 degrees, extension was 10 degrees with pain, right/left lateral bending was 25 degrees, and right/left rotation was 30 degrees. Detailed sensory examination of the lower extremities testing dermatome L1-S1 was normal. Request for Authorization dated 05/06/2014 was for Additional Physical Therapy Lumbar 2X6 = 12 visits, and Acupuncture Lumbar 1x6 = 6 visits.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Additional Physical Therapy Lumbar 2x6=12 visits:** Upheld

**Claims Administrator guideline:** Decision based on MTUS ACOEM Page(s): page 114.  
Decision based on Non-MTUS Citation Official Disability Guidelines

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Physical Medicine Page(s): 98-99.

**Decision rationale:** The California MTUS Guidelines may support up to 10 visits of physical therapy for the treatment of unspecified myalgia and myositis to promote functional improvement. The documents submitted indicated the injured worker has had conservative care to include physical therapy. However, the provider failed to indicate outcome measurements of home exercise regimen and physical therapy sessions. The provider failed to indicate long-term functional goals and outcome measurements. In addition the request will exceed recommended amount of visits per the guideline. Given the above, the request for Physical Therapy Lumbar 2X6=12 is not medically necessary.

**Acupuncture Lumbar 1x6=6 visits:** Upheld

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

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

**Decision rationale:** The request for Acupuncture Lumbar 1 x6 = 6 visits is not medically necessary. Per the Acupuncture Medical Treatment Guidelines, it is stated Acupuncture Medical Treatment Guidelines state that "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. It is the insertion and removal of filiform needles to stimulate acupoints (acupuncture points). Needles may be inserted, manipulated, and retained for a period of time. 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. The guidelines state that the frequency and duration of acupuncture with electrical stimulation may be performed to produce functional improvement for up to 3 to 6 treatments no more than 1 to 3 times per week with a duration of 1 to 2 months. Acupuncture treatments may be extended if functional improvement is documented. The documents submitted indicated the injured worker had conservative care however, outcome measures were not submitted for review. Given the above, the request for Acupuncture is not medically necessary.