

<b>Case Number:</b>	CM14-0099338		
<b>Date Assigned:</b>	07/28/2014	<b>Date of Injury:</b>	02/04/2013
<b>Decision Date:</b>	11/21/2014	<b>UR Denial Date:</b>	06/12/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	06/27/2014

### 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 Medicine and is licensed to practice in New Jersey. 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 worker is a 44 year old male who was injured on 2/4/2013. He was diagnosed with lumbar sprain/strain, lumbar discogenic disease, thoracic strain/sprain, and cervical sprain/strain. He was treated with acupuncture and physical therapy (18 sessions). On 4/8/14, the worker was seen by his primary treating physician complaining of right foot pain, neck and back pain. The acupuncture was discontinued due to it not helping his pain, reportedly. The worker reported that he wished to not take any oral medications. Physical examination revealed weight 220 (BMI 31.6), positive straight leg raise, tenderness throughout upper, mid, and low back areas as well as muscle tightness, cervical area tenderness, and right foot tenderness. He was then recommended to go to an additional 12 sessions of supervised physical therapy as well as 12 sessions of acupuncture.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Additional Acupuncture 2x6 (for Lumbar Spine):** Upheld

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

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

**Decision rationale:** The MTUS Acupuncture Guidelines state acupuncture may be used as an adjunct therapy modality to physical rehabilitation or surgical intervention to hasten recovery and to reduce pain, inflammation, increase blood flow, increase range of motion, decrease the side effects of medication induced nausea, promote relaxation in an anxious patient, and reduce muscle spasm. Acupuncture is allowed as a trial over 3-6 treatments and 1-3 times per week up to 1-2 months in duration with documentation of functional and pain improvement. Extension is also allowed beyond these limits if functional improvement is documented. In the case of this worker, the acupuncture that he had already completed was documented as not helping, which was why it was discontinued, presumably. The reasoning for requesting more acupuncture with this worker is not clearly stated in the documents available for review. Therefore, due to failure to show any benefit, the additional 12 sessions of acupuncture are not medically necessary.

**Additional Physical Therapy 2x6 (for Lumbar Spine):** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Physical Medicine Page(s): 99.

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

**Decision rationale:** Physical therapy in the form of passive therapy for the lower back is recommended by the MTUS Guidelines as an option for chronic lower back pain during the early phases of pain treatment and in the form of active therapy for longer durations as long as it is helping to restore function, for which supervision may be used if needed. The MTUS Guidelines allow up to 9-10 supervised physical therapy visits over 8 weeks for lower back pain. The goal of treatment with physical therapy is to transition the patient to an unsupervised active therapy regimen, or home exercise program, as soon as the patient shows the ability to perform these exercises at home. In the case of this worker, he had completed more than a sufficient number of supervised physical therapy sessions (18) in order to be competent with his home exercises. It is not clear from the documentation provided if the worker was doing home exercises at the time of the request, or if there was a particular reason why supervised physical therapy was recommended over home exercises. Therefore, without clarification as to why this worker might have been an exception to these guidelines, the additional 12 sessions of supervised physical therapy are not medically necessary.