

<b>Case Number:</b>	CM14-0159850		
<b>Date Assigned:</b>	10/03/2014	<b>Date of Injury:</b>	11/26/2013
<b>Decision Date:</b>	01/29/2015	<b>UR Denial Date:</b>	09/22/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	09/29/2014

### 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 Preventive Medicine 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:

According to the records made available for review, this is a 22-year-old female with a 11/26/13 date of injury. At the time (7/17/14) of request for authorization for acupuncture 1x6 lumbar, physical therapy 2x6 lumbar, and toxicology testing 1x every 6 weeks, there is documentation of subjective (low back pain radiating to mid back associated with numbness and tingling) and objective (tenderness over the lumbar paravertebral muscles and full lumbar range of motion) findings, current diagnoses (rule out lumbar disc protrusion and rule out lumbar radiculitis versus radiculopathy), and treatment to date (medications, previous acupuncture treatments, and previous physical therapy treatments). Medical report identifies that medications (including ongoing treatment with compounded medications), previous physical therapy treatments and previous acupuncture treatments provided pain relief. Regarding acupuncture, the number of previous acupuncture treatment sessions cannot be determined; and there is no documentation that acupuncture is used as an adjunct to physical rehabilitation and/or medical intervention to hasten functional recovery, 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; and functional benefit or improvement as a reduction in work restrictions; an increase in activity tolerance; and/or a reduction in the use of medications as a result of acupuncture treatments provided to date. Regarding physical therapy, the number of previous acupuncture treatment sessions cannot be determined; and there is no documentation of functional benefit or improvement as a reduction in work restrictions; an increase in activity tolerance; and/or a reduction in the use of medications as a result of physical therapy provided to date. Regarding toxicology testing, there is no documentation of abuse, addiction, or poor pain control in patient under on-going opioid treatment.

## IMR ISSUES, DECISIONS AND RATIONALES

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

### **Acupuncture 1x6 Lumbar:** 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 based on Non-MTUS Citation Title 8, California Code of Regulations, section 9792.20.

**Decision rationale:** MTUS Acupuncture Medical Treatment Guidelines identifies that acupuncture may be 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, 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. In addition, MTUS Acupuncture Medical Treatment Guidelines allow the use of acupuncture for musculoskeletal conditions for a frequency and duration of treatment as follows: Time to produce functional improvement of 3-6 treatments, frequency of 1-3 times per week, and duration of 1-2 months. MTUS-Definitions identifies that any treatment intervention should not be continued in the absence of functional benefit or improvement as a reduction in work restrictions; an increase in activity tolerance; and/or a reduction in the use of medications or medical services. Within the medical information available for review, there is documentation of diagnoses of rule out lumbar disc protrusion and rule out lumbar radiculitis versus radiculopathy. In addition there is documentation of previous acupuncture treatments. However, there is no documentation that acupuncture is used as an adjunct to physical rehabilitation and/or medical intervention to hasten functional recovery, 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. In addition, there is no documentation of the number of previous acupuncture treatments. Furthermore, there is no documentation of functional benefit or improvement as a reduction in work restrictions; an increase in activity tolerance; and/or a reduction in the use of medications as a result of acupuncture treatments provided to date. Therefore, based on guidelines and a review of the evidence, the request for acupuncture 1x6 lumbar is not medically necessary.

### **Physical Therapy 2x6 Lumbar:** Upheld

**Claims Administrator guideline:** Decision based on MTUS ACOEM.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Physical Medicine Page(s): 98. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Low Back, Physical therapy (PT), Title 8, California Code of Regulations, section 9792.20.

**Decision rationale:** MTUS Chronic Pain Medical Treatment Guidelines support a brief course of physical medicine for patients with chronic pain not to exceed 10 visits over 4-8 weeks with

allowance for fading of treatment frequency, with transition to an active self-directed program of independent home physical medicine/therapeutic exercise. MTUS-Definitions identifies that any treatment intervention should not be continued in the absence of functional benefit or improvement as a reduction in work restrictions; an increase in activity tolerance; and/or a reduction in the use of medications or medical services. ODG recommends a limited course of physical therapy for patients with a diagnosis of lumbosacral neuritis/radiculitis not to exceed 12 visits over 8 weeks. ODG also notes patients should be formally assessed after a "six-visit clinical trial" to see if the patient is moving in a positive direction, no direction, or a negative direction (prior to continuing with the physical therapy) and when treatment requests exceeds guideline recommendations, the physician must provide a statement of exceptional factors to justify going outside of guideline parameters. Within the medical information available for review, there is documentation of diagnoses of rule out lumbar disc protrusion and rule out lumbar radiculitis versus radiculopathy. In addition, there is documentation of previous physical therapy treatments. Furthermore, given documentation of subjective (low back pain radiating to mid back associated with numbness and tingling) and objective (tenderness over the lumbar paravertebral muscles) findings, there is documentation of functional deficits and functional goals. However, there is no documentation of the number of previous treatments to determine if guidelines has already been exceeded or will be exceeded with the additional request and, if the number of treatments have exceeded guidelines, remaining functional deficits that would be considered exceptional factors to justify exceeding guidelines. In addition, given documentation of previous physical therapy treatments, there is no documentation of functional benefit or improvement as a reduction in work restrictions; an increase in activity tolerance; and/or a reduction in the use of medications as a result of physical therapy provided to date. Therefore, based on guidelines and a review of the evidence, the request for physical therapy 2x6 lumbar is not medically necessary.

**Toxicology testing 1x every 6 weeks:** Upheld

**Claims Administrator guideline:** Decision based on MTUS ACOEM.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines On-Going Management Page(s): 78. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain, Urine Drug Testing.

**Decision rationale:** MTUS Chronic Pain Medical Treatment Guidelines identifies documentation of abuse, addiction, or poor pain control in patient under on-going opioid treatment, as criteria necessary to support the medical necessity of Urine Drug Screen. ODG supports urine drug testing within six months of initiation of opioid therapy and on a yearly basis thereafter for patients at "low risk" of addiction, 2 to 3 times a year for patients at "moderate risk" of addiction & misuse, and testing as often as once per month for patients at "high risk" of adverse outcomes (individuals with active substance abuse disorders). Within the medical information available for review, there is documentation of diagnoses of rule out lumbar disc protrusion and rule out lumbar radiculitis versus radiculopathy. However, there is no documentation of abuse, addiction, or poor pain control in patient under on-going opioid treatment. Therefore, based on guidelines and a review of the evidence, the request for toxicology testing 1x every 6 weeks is not medically necessary.

