

<b>Case Number:</b>	CM14-0205415		
<b>Date Assigned:</b>	12/17/2014	<b>Date of Injury:</b>	01/15/2008
<b>Decision Date:</b>	02/11/2015	<b>UR Denial Date:</b>	12/03/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	12/08/2014

### 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, has a subspecialty in Occupational Medicine and is licensed to practice in Iowa. 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 patient is a 66 year old employee with date of injury of 1/15/08. Medical records indicate the patient is undergoing treatment for s/p anemia, anxiety disorder, back injury and depression. Her diagnosis is lumbosacral and cervical radiculitis. Subjective complaints include pain in the left shoulder, buttock, hip and leg. Her pain is described as severe and worsening, rated 8-10/10. Her pain interferes with his ability to sleep and work. She describes her pain as tingling, dull, aching and radiating. The pain is aggravated by bending over and walking. It is relieved by ice, rest, heat and medication. Her current medications give her 30% pain relief. Objective findings include tenderness to palpation over the hip and sacrum. There is normal bony alignment with no fractures or dislocations. No joint effusion is seen. Mild to moderate degenerative changes are noted but no abnormal soft tissue calcifications are noted. (Per x-ray 9/23/14) Treatment has consisted of physical therapy, acupuncture, Amoxicillin, Hydrocodone-Acetaminophen, Lorazepam, Suprep, Ativan, Fluticasone nasal spray, Pro air aerosol spray and use of a cane. The utilization review determination was rendered on 12/3/14 recommending non-certification of Additional acupuncture treatment, twice weekly for 6 weeks, lumbar spine and Additional physical therapy, twice weekly for 6 weeks, lumbar spine.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Additional acupuncture treatment, twice weekly for 6 weeks , lumbar spine:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS Acupuncture Treatment Guidelines. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Low Back - Lumbar & Thoracic (Acute & Chronic), Acupuncture.

**Decision rationale:** MTUS "Acupuncture Medical Treatment Guidelines" clearly 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." The medical documents did not provide detail regarding patient's increase or decrease in pain medication. Further, there was no evidence to support that this treatment would be utilized as an adjunct to physical rehabilitation or surgical intervention to hasten functional recovery. ODG does not recommend acupuncture for acute low back pain, but "may want to consider a trial of acupuncture for acute LBP if it would facilitate participation in active rehab efforts." The initial trial should "3-4 visits over 2 weeks with evidence of objective functional improvement, total of up to 8-12 visits over 4-6 weeks (Note: The evidence is inconclusive for repeating this procedure beyond an initial short course of therapy.)" Medical records indicate the patient has already completed 12 visits of acupuncture. The treating physician did not document the success or failure of the prior sessions. The request for 12 additional sessions is in excess of the recommended trial by ODG. As such, the request for acupuncture for 2 times a week for 6 weeks is not medically necessary.

**Additional physical therapy, twice weekly for 6 weeks, lumbar spine:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Acupuncture Treatment Guidelines, Chronic Pain Treatment Guidelines Physical Medicine Page(s): 99. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Low Back .

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 287-315, Acupuncture Treatment Guidelines, Chronic Pain Treatment Guidelines Physical Therapy, Physical Medicine Page(s): 98-99. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Low Back - Lumbar & Thoracic (Acute & Chronic), Physical Therapy

**Decision rationale:** California MTUS guidelines refer to physical medicine guidelines for physical therapy and recommends as follows: "Allow for fading of treatment frequency (from up to 3 visits per week to 1 or less), plus active self-directed home Physical Medicine." Additionally, ACOEM guidelines advise against passive modalities by a therapist unless exercises are to be carried out at home by patient. ODG quantifies its recommendations with 10 visits over 8 weeks for lumbar sprains/strains and 9 visits over 8 weeks for unspecified backache/lumbago. ODG further states that a "six-visit clinical trial" of physical therapy with documented objective and subjective improvements should occur initially before additional sessions are to be warranted. Medical records indicate the patient has already completed physical therapy. The treating physician did not document the success or failure of the prior sessions. As

such, the request for 12 sessions of additional physical therapy, lumbar spine are not medically necessary.