

<b>Case Number:</b>	CM14-0095590		
<b>Date Assigned:</b>	07/25/2014	<b>Date of Injury:</b>	09/23/2013
<b>Decision Date:</b>	03/23/2015	<b>UR Denial Date:</b>	06/05/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	06/23/2014

### 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. 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/Service. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

The Expert Reviewer has the following credentials:

State(s) of Licensure: California

Certification(s)/Specialty: Physical Medicine & Rehabilitation

### 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 61-year-old male who suffered a work related injury on 07/23/13. Per the physician notes from 01/27/14, the latest date for which documentation was available from the requesting physician prior to the date of the requested treatment, he complains of tinnitus due to concussion. The treatment plan included ENT consultation. On 06/15/14, the Claims Administrator non-certified the acupuncture and physical therapy to the lumbar spine, citing MTUS guidelines. The non-certified treatments were subsequently appealed for Independent Medical Review.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Acupuncture Treatment (1-2 times per week for 6-9 weeks to the Lumbar Spine): Upheld**

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

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

**Decision rationale:** For acupuncture, the MTUS Guidelines recommends acupuncture for pain, suffering, and for restoration of function. Recommended frequency and duration is 3 to 6 treatments for trial, and with functional improvement, 1 to 2 per month. For additional treatment, the MTUS Guidelines requires functional improvement as defined by Labor Code 9792.20(e) a significant improvement in ADLs, or change in work status and reduced dependence on medical treatments. In this case, the patient does suffer from chronic back pain. In progress report dated 01/15/14, the treater requests for 12 sessions of acupuncture to help with spasms and chronic achiness. In progress report dated 04/07/14, the treater recommends continuing acupuncture. It is not clear if the patient completed the 12 sessions or received more sessions as well. Nonetheless, the treater does not document improvement in function or reduction in pain due to prior therapy, as required by MTUS for additional therapy. Therefore, the request is not medically necessary.

**Physical Therapy (2-3 times per week for 4-6 weeks for the Lumbar Spine):** Upheld

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

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

**Decision rationale:** MTUS guidelines states that for patients with "myalgia and myositis, 9 to 10 sessions over 8 weeks are allowed, and for neuralgia, neuritis, and radiculitis, 8 to 10 visits over 4 weeks are allowed." In this case, the patient is status post lumbar spine fusion. However, based on the available progress reports, it appears that the patient is not within the post-operative time frame. In progress report dated 01/15/14, the treater states that the patient should continue physical therapy three times a week for the next six weeks. In progress report dated 02/24/14, the treater recommends continuing physical therapy for an additional 12 sessions. While the progress reports do not clearly document the number of physical therapy sessions attended by the patient, the UR denial letter, dated 06/05/14, states that the patient has had 20 physical therapy treatments. There is no evidence to contradict the UR contention. The current request of 2-3 X 4-6 physical therapy sessions exceeds the 8-10 sessions recommended by MTUS in non-operative cases. Additionally, the treater does not document an improvement in function or reduction in pain due to prior therapy. Therefore, the request is not medically necessary.