

<b>Case Number:</b>	CM15-0146709		
<b>Date Assigned:</b>	08/07/2015	<b>Date of Injury:</b>	12/16/2014
<b>Decision Date:</b>	09/04/2015	<b>UR Denial Date:</b>	07/17/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	07/28/2015

### 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, Indiana, New York  
 Certification(s)/Specialty: Internal Medicine

### 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 24 year-old male who sustained an industrial injury on 12-16-14. He reported upper back pain. Diagnoses include thoracic-lumbar spine sprain-strain, and lumbar spine radiculopathy. Diagnostic testing and treatment to date has included radiographic imaging, trigger point injections, physical therapy, and symptomatic medication management. Currently, the injured worker complains of constant mid back pain rated as an 8 on a scale of 10 with difficulty breathing due to pain. He has on and off lower back pain rated as a 7 out of 10 with anxiety, and has constant loss of sleep. Physical examination of the thoracic spine was remarkable for tenderness with muscle spasms at levels T6-8. Lumbar spine was tender with muscle spasms at levels L1-5; there is decreased range of motion, and he has positive Straight Leg Raising bilaterally. Requested treatments include physical therapy, thoracic-lumbar spine, 2 times wkly for 4 wks, 8 sessions, and acupuncture, thoracic-lumbar spine, every other wk for 4 wks. The injured worker is under temporary total disability. Date of Utilization Review: 07-17-15.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Physical therapy, Thoracic/Lumbar spine, 2 times wkly for 4 wks, 8 sessions: Upheld**

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Physical Medicine.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Physical medicine Page(s): 98-99. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Low back section, Physical therapy.

**Decision rationale:** Pursuant to the Chronic Pain Medical Treatment Guidelines and the Official Disability Guidelines, physical therapy thoracic/lumbar spine two times per week times four weeks (8 sessions) is not medically necessary. 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 negative direction (prior to continuing with physical committee therapy). When treatment duration and/or number of visits exceeds the guideline, exceptional factors should be noted. In this case, the injured worker's working diagnoses are thoracic/lumbar spine sprain strain; and lumbar spine radiculitis. Date of injury is December 16, 2014. Request for authorization is July 10, 2015. The utilization review indicates the worker received #9 physical therapy sessions. The provider (in a peer-to-peer conference) states the injured worker received #1 physical therapy session and declined acupuncture. Documentation from physical therapy progress notes shows injured worker was on physical therapy number one session out of nine on January 6, 2015. On January 13, 2015, the injured worker was on session #3 out of #9. There is no documentation demonstrating objective functional improvement. There is no documentation the injured worker is engaged in a home exercise program. There are no compelling clinical facts indicating additional physical therapy is clinically warranted. According to a July 6, 2015 progress note (by the treating provider), subjectively the injured worker has constant mid back pain with a pleuritic compliment. There is also low back pain. Objectively, there is tenderness to palpation at the thoracic and lumbar spine. Consequently, absent clinical documentation demonstrating objective functional improvement from prior physical therapy and compelling clinical facts indicating additional physical therapy over and above the recommended guidelines is warranted, physical therapy thoracic/lumbar spine two times per week times four weeks (8 sessions) is not medically necessary.

**Acupuncture, Thoracic/Lumbar spine, every other wk for 4 wks:** 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) Pain section, Acupuncture.

**Decision rationale:** Pursuant to the Acupuncture Medical Treatment Guidelines and the Official Disability Guidelines, acupuncture thoracic/lumbar spine every other week, four weeks is not medically necessary. Acupuncture is not recommended for acute low back pain. Acupuncture is recommended as an option for chronic low back pain using a short course of treatment in conjunction with other interventions. The Official Disability Guidelines provide for an initial trial of 3-4 visits over two weeks. With evidence of objective functional improvement, a total of up to 8 to 12 visits over 4 to 6 weeks may be indicated. The evidence is inconclusive for

repeating this procedure beyond an initial short period. In this case, the injured worker's working diagnoses are thoracic/lumbar spine sprain strain; and lumbar spine radiculitis. Date of injury is December 16, 2014. Request for authorization is July 10, 2015. The utilization review indicates the worker received #9 physical therapy sessions. The provider (in a peer-to-peer conference) states the injured worker received #1 physical therapy session and declined acupuncture. Documentation from physical therapy progress notes shows injured worker was on physical therapy number one session out of nine on January 6, 2015. On January 13, 2015, the injured worker was on session #3 out of #9. There is no documentation demonstrating objective functional improvement. There is no documentation the injured worker is engaged in a home exercise program. There are no compelling clinical facts indicating additional physical therapy is clinically warranted. According to a July 6, 2015 progress note (by the treating provider), subjectively the injured worker has constant mid back pain with a pleuritic component. There is also low back pain. Objectively, there is tenderness to palpation at the thoracic and lumbar spine. The treating provider requested acupuncture every other week for four weeks. However, there is no frequency as to the number of acupuncture sessions requested per week. Documentation indicates (according to a peer-to-peer) the injured worker initially refused acupuncture. Consequently, absent clinical documentation with the frequency of acupuncture sessions per week the total number of acupuncture sessions over a four-week period cannot be determined. Based on clinical information in the medical record and the peer-reviewed evidence-based guidelines, acupuncture thoracic/lumbar spine every other week, four weeks is not medically necessary.