

<b>Case Number:</b>	CM15-0149860		
<b>Date Assigned:</b>	08/12/2015	<b>Date of Injury:</b>	03/28/2012
<b>Decision Date:</b>	10/02/2015	<b>UR Denial Date:</b>	07/21/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	07/31/2015

### 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: Texas, New York, California

Certification(s)/Specialty: Preventive Medicine, Occupational 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 applicant is a represented 41-year-old who has filed a claim for chronic low back pain (LBP) reportedly associated with an industrial injury of March 28, 2012. In a Utilization Review report dated July 28, 2015, the claims administrator failed to approve requests for 12 sessions of physical therapy and 10 sessions of acupuncture. Six of the 12 sessions of physical therapy were apparently partially approved. The claims administrator also issued a conditional approval to avoid approval of the aquatic therapy component of the request. A July 8, 2015 progress note was referenced in the determination. The applicant's attorney subsequently appealed. On July 8, 2015, the applicant reported ongoing complaints of low back pain. Physical therapy, acupuncture, weight loss, and a dietary consultation were endorsed. The applicant was placed off of work, on total temporary disability. The applicant was asked to continue Percocet and Soma. It was stated that the applicant could potentially be a candidate for a spinal fusion surgery. It was not clearly stated how much (if any) prior acupuncture the applicant had had. In a June 11, 2015 progress note, the applicant reported ongoing complaints of low back pain, 7/10. The applicant had received physical therapy and manipulative therapy over the course of the claim, it was acknowledged. The applicant was not working, it was acknowledged. The attending provider alleged that the claims administrator had not approved previously ordered acupuncture. Acupuncture was apparently ordered on this date, along with physical therapy to include aquatic therapy. The applicant was described as independently ambulatory. The applicant was able to walk on her toes and heels. The applicant was able to squat, it was acknowledged.

## IMR ISSUES, DECISIONS AND RATIONALES

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

### **Physical therapy with aquatic therapy, 12 sessions, lumbar spine, 2 x 6: Upheld**

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 22.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Physical Medicine; Aquatic therapy; Functional Restoration Approach to Chronic Pain Management Page(s): 99; 22; 8.

**Decision rationale:** No, the request for 12 sessions of physical therapy to include aquatic therapy is not medically necessary, medically appropriate, or indicated here. The 12-session course of physical therapy at issue, in and of itself, represents treatment in excess of the 8- to 10-session course suggested on page 99 of the MTUS Chronic Pain Medical Treatment Guidelines for radiculitis, i.e., the diagnosis reportedly present here. The attending provider failed to furnish a clear or compelling rationale for further treatment in excess of MTUS parameters. While page 22 of the MTUS Chronic Pain Medical Treatment Guidelines does acknowledge that aquatic therapy is recommended as an optional form of exercise therapy in applicants in whom reduced weight bearing is desirable, here, however, the applicant was described as able to walk on her toes and heels and squat without any impediment on June 11, 2015, effectively arguing against the need for the aquatic therapy component of the request. Finally, page 8 of the MTUS Chronic Pain Medical Treatment Guidelines stipulates that there must be demonstration of functional improvement at various milestones in the treatment program in order to justify continued treatment. Here, the applicant was described as having received earlier unspecified amounts of physical therapy over the course of the claim on a progress note of June 11, 2015. Despite receipt of the same, the applicant remained off of work, on total temporary disability, it was acknowledged on July 8, 2015 and remained dependent on a variety of analgesic medications to include Percocet, Valium, Soma, etc. All of the foregoing, taken together, suggested a lack of functional improvement as defined in MTUS 9792.20e, despite receipt of earlier unspecified amounts of physical therapy over the course of the claim. Therefore, the request for 12 additional sessions of physical therapy to include aquatic therapy is not medically necessary.

### **10 acupuncture visits for lumbar spine: Upheld**

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

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

**Decision rationale:** Finally, the request for 10 sessions of acupuncture is likewise not medically necessary, medically appropriate, or indicated here. While the Acupuncture Medical Treatment Guidelines in MTUS 9792.24.1a acknowledged that acupuncture may be employed for a wide variety of purposes, including in the chronic pain context present here, this recommendation is,

however, qualified by commentary made in MTUS 9792.24.1.c1 to the effect that the time deemed necessary to produce functional improvement following introduction of acupuncture is three to six treatments. Here, thus, the request for what was framed as 10 initial sessions of acupuncture, thus, in a fact, represented treatment well in excess of MTUS parameters. Therefore, the request is not medically necessary.