

<b>Case Number:</b>	CM15-0205994		
<b>Date Assigned:</b>	10/22/2015	<b>Date of Injury:</b>	12/22/2014
<b>Decision Date:</b>	12/11/2015	<b>UR Denial Date:</b>	10/02/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	10/20/2015

### 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, Hawaii  
 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 59 year old male, who sustained an industrial injury on December 22, 2014, incurring low and mid back injuries. He was diagnosed with a lumbar muscle strain, and thoracic spine sprain. He had a history of mid and low back injuries treated with physical therapy and acupuncture ten years ago which resolved in one year. Treatment for his industrial injury on December 22, 2014, included anti-inflammatory drugs, pain medications, muscle relaxants, acupuncture, diagnostic imaging, and home exercise program, physical therapy, and modified activities. Currently, the injured worker complained of persistent mid and low back pain radiating down into the left leg to the calf rated 8 out of 10 on a pain scale from 0 to 10. He completed seven physical therapy visits. He noted limited range of motion with flexion and extension of the lower back. The treatment plan that was requested for authorization included six acupuncture sessions and eight physical therapy visits. On October 2, 2015, requests for acupuncture sessions and physical therapy visits were denied by utilization review.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Six (6) acupuncture sessions:** Overturned

**Claims Administrator guideline:** Decision based on MTUS Acupuncture Treatment 2007.

**MAXIMUS guideline:** Decision based on MTUS Acupuncture Treatment 2007.

**Decision rationale:** The patient presents with pain affecting the mid and low back with radiation down the left leg. The current request is for Six (6) acupuncture sessions. The treating physician report dated 10/6/15 (74B) states, "His previous course of acupuncture did prove effective. His level of pain, as documented in his consultation report and progress notes, improved from 8-9/10 initially to 4-5/10 with acupuncture treatments." Review of the Acupuncture Medical Treatment Guidelines (AMTG) supports acupuncture for 3-6 treatments and treatments may be extended if functional improvement is documented. The guidelines go on to state "Frequency: 1 to 3 times per week, Optimum duration: 1 to 2 month." The medical reports provided show the patient has received 6 acupuncture treatments previously. In this case, the current request of 6 visits satisfies the AMTG guidelines as functional improvement from prior acupuncture sessions is documented. The current request is medically necessary.

**Eight (8) physical therapy visits:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Low Back Complaints 2004, and Chronic Pain Medical Treatment 2009, Section(s): Physical Medicine.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Physical Medicine.

**Decision rationale:** The patient presents with pain affecting the mid and low back with radiation down the left leg. The current request is for Eight (8) physical therapy visits. The treating physician report dated 8/20/15 (68B) states, "The patient has completed the authorized sessions of physical therapy". MTUS supports physical medicine (physical therapy and occupational therapy) 8-10 sessions for myalgia and neuritis type conditions. The MTUS guidelines only provide a total of 8-10 sessions and the patient is expected to then continue with a home exercise program. The medical reports provided show the patient has received prior physical therapy, although the quantity of sessions received is unknown. The patient's status is not post-surgical. In this case, the patient has received an unknown amount of physical therapy to date and therefore the current request of 8 visits exceeds the recommendation of 8-10 visits as outlined by the MTUS guidelines on page 99. Furthermore, there was no rationale by the physician in the documents provided as to why the patient requires treatment above and beyond the MTUS guidelines. The current request is not medically necessary.