

<b>Case Number:</b>	CM15-0027832		
<b>Date Assigned:</b>	02/20/2015	<b>Date of Injury:</b>	01/05/2011
<b>Decision Date:</b>	04/06/2015	<b>UR Denial Date:</b>	02/05/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	02/13/2015

### 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

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 55 year old male, who sustained an industrial injury on January 5, 2011. He reported injury to his neck and back while pulling a hose at work. The diagnoses have included low back pain with lumbar radiculopathy, lumbar facet arthropathy and right greater trochanteric bursitis. Treatment to date has included diagnostic studies, medications, left shoulder decompression (6/3/13), epidural steroid injections and facet injections. He noted improvement of pain in the low back, right groin and leg as a result of epidural steroid injections and facet injections. On November 14, 2014, the injured worker complained of pain in his right hip, right groin and right greater trochanteric bursa. He had been trying to remain active and do exercises on a regular basis, although his increasing pain had been making it more difficult to do so. His tolerance for walking and standing remained increased until a recent reworstening of the pain. On February 5, 2015, Utilization Review non-certified acupuncture for the low back and right hip #8 and chiropractic visits for the low back and right hip #8, noting the CA MTUS Guidelines. Utilization Review modified a request for physical therapy for the back #8 to post-injection physical therapy for the back #2, noting the Official Disability Guidelines. On February 13, 2015, the injured worker submitted an application for Independent Medical Review for review of acupuncture for the low back and right hip #8, chiropractic visits for the low back and right hip #8 and physical therapy for the back #8.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**8 Acupuncture Sessions for The Low Back and Right Hip: Upheld**

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines 9792.24.1. Acupuncture Medical Treatment Guidelines Page(s): 13.

**Decision rationale:** This patient presents with neck, back, and bilateral shoulder pain. The patient is status post left shoulder decompression from 06/03/2013 and lumbar epidural steroid injection from 12/17/2014. The treater is requesting 8 ACUPUNCTURE SESSIONS FOR THE LOWER BACK AND RIGHT HIP. The RFA dated 01/27/2015 shows a request for 8 sessions of acupuncture and chiropractic for flaring low back pain, aching and right hip pain. The patient's date of injury is from 01/05/2011, and she is currently on modified duty. The Acupuncture Medical Treatment Guidelines page 13 states that it 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. In addition, MTUS states that an initial trial of 3 to 6 visits is recommended. Treatments may be extended if functional improvement is documented. The records do not show any previous acupuncture therapy reports. The patient does not have a history of acupuncture treatments. The 01/27/2015 report notes that the patient's neck pain is still bothersome especially on the onset of the cold weather. In this case, while a trial of acupuncture therapy is appropriate for this patient, the requested 8 sessions exceeds guidelines. The request IS NOT medically necessary.

**8 Chiropractic Visits for The Low Back and Right Hip: Overturned**

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Manual therapy & manipulation Page(s): 58-59.

**Decision rationale:** This patient presents with neck, back, and bilateral shoulder pain. The patient is status post left shoulder decompression from 06/03/2013 and lumbar epidural steroid injection from 12/17/2014. The treater is requesting 8 CHIROPRACTIC VISITS FOR THE LOWER BACK AND RIGHT HIP. The RFA dated 01/27/2015 shows a request for 8 sessions of acupuncture and chiropractic for flaring low back pain, aching and right hip pain. The patient's date of injury is from 01/05/2011, and she is currently on modified duty. The MTUS guidelines on Manual Therapy and Treatments on page 59 states, "Delphi recommendations in effect incorporate two trials, with a total of up to 12 trial visits with a re-evaluation in the middle, before also continuing up to 12 more visits (for a total of up to 24)." The records do not show any previous chiropractic treatments. The documents do not show any chiropractic treatment reports. In this case, given the patient's chronic pain symptoms a trial is appropriate for this patient and the request is within guidelines. The request IS medically necessary.

## **8 Physical Therapy Sessions for The Back: Overturned**

**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 rationale:** This patient presents with neck, back, and bilateral shoulder pain. The patient is status post left shoulder decompression from 06/03/2013 and lumbar epidural steroid injection from 12/17/2014. The treater is requesting 8 PHYSICAL THERAPY SESSIONS FOR THE BACK. The RFA dated 01/27/2015 shows a request for 8 sessions of physical therapy for flaring of back pain. The patient's date of injury is from 01/05/2011, and she is currently on modified duty. The MTUS Guidelines page 98 and 99 on physical medicine recommends 8 to 10 visits for myalgia, myositis, and neuralgia type symptoms. The records do not show any physical therapy reports. The documents show that the patient has not had any recent physical therapy sessions. In this case, a short course of physical therapy is appropriate given the patient's recent epidural steroid injection. The request IS medically necessary.