

<b>Case Number:</b>	CM15-0214342		
<b>Date Assigned:</b>	11/04/2015	<b>Date of Injury:</b>	02/13/2013
<b>Decision Date:</b>	12/22/2015	<b>UR Denial Date:</b>	10/13/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	10/30/2015

### 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, District of Columbia, Maryland  
 Certification(s)/Specialty: Anesthesiology, Pain Management

### 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 43 year old female who sustained an industrial injury on 2-13-2013. A review of medical records indicates the injured worker is being treated for sprain strain of the neck, sprain strain thoracic region, sprain strain lumbar region. Medical records dated 9-22-2015 noted chronic head and back pain. She complained of low back pain that radiated to the mid back. Pain has worsened and rated her pain 5-6 out of 10. She stated acupuncture and physical therapy have been helpful to her in the past. Physical examination noted the lumbar spine revealed tenderness to palpation with muscle tension at the lumbar region extending up into the mid back. Range of motion to the lumbar spine was decreased by 30% with flexion before with extension and rotation bilaterally. She was not currently working as of 7-1-2015. Treatment has included acupuncture at least 6 visits and physical therapy (amount unknown). Utilization review form dated 10-13-2015 noncertified acupuncture 1x6 sessions to the low back and physical therapy 1x6 sessions for the low back.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Acupuncture 1 x 6 Sessions Low Back:** Overturned

**Claims Administrator guideline:** Decision based on MTUS Acupuncture Treatment 2007. Decision based on Non-MTUS Citation ACOEM Pain, Suffering, and the Restoration of Function Chapter 6, page 114.

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

**Decision rationale:** Per Acupuncture Medical Treatment Guidelines p9, "(c) Frequency and duration of acupuncture or acupuncture with electrical stimulation may be performed as follows: (1) Time to produce functional improvement: 3 to 6 treatments. (2) Frequency: 1 to 3 times per week. (3) Optimum duration: 1 to 2 months. (d) Acupuncture treatments may be extended if functional improvement is documented as defined in Section 9792.20." The MTUS definition of functional improvement is as follows: "Functional improvement" means either a clinically significant improvement in activities of daily living or a reduction in work restrictions as measured during the history and physical exam, performed and documented as part of the evaluation and management visit billed under the Official Medical Fee Schedule (OMFS) pursuant to sections 9789.10-9789.111; and a reduction in the dependency on continued medical treatment. Per the medical records it was noted that the injured worker had approximately 18 sessions of acupuncture with benefit. She states that acupuncture was helpful. She has had a moderate decrease in pain. It was noted that she did receive benefits from acupuncture with less muscle tension and pain in the back. She had improvement in ROM, strength, and improved function. She had a moderate reduction in neck, upper back, and lower back pain since starting acupuncture treatments. I respectfully disagree with the UR physician's assertion that there was no documentation of benefit from previous sessions. The request is medically necessary.

**Physical Therapy 1 x 6 Sessions Low Back:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Physical Medicine. Decision based on Non-MTUS Citation ACOEM Pain, Suffering, and the Restoration of Function Chapter 6, page 114; Official Disability Guidelines, Low Back Chapter.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Physical Medicine. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Low Back, Physical Therapy.

**Decision rationale:** Per MTUS CPMTG, physical medicine guidelines state: Allow for fading of treatment frequency (from up to 3 visits per week to 1 or less), plus active self-directed home Physical Medicine. The ODG Preface specifies Physical Therapy Guidelines, "There are a number of overall physical therapy philosophies that may not be specifically mentioned within each guideline: (1) As time goes by, one should see an increase in the active regimen of care, a decrease in the passive regimen of care, and a fading of treatment frequency; (2) The exclusive use of "passive care" (e.g., palliative modalities) is not recommended; (3) Home programs should be initiated with the first therapy session and must include ongoing assessments of compliance as well as upgrades to the program; (4) Use of self-directed home therapy will facilitate the fading of treatment frequency, from several visits per week at the initiation of therapy to much less towards the end; (5) 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 a negative direction (prior to continuing with the physical therapy); & (6) When treatment duration and/or number of visits exceeds the guideline, exceptional factors should be noted." Per the ODG guidelines: Lumbar sprains and strains (ICD9 847.2): 10 visits over 8 weeks. Sprains and strains of unspecified parts of back (ICD9 847): 10 visits over 5 weeks. Per the medical records submitted for review, it was noted that the injured worker benefitted with physical therapy in the past, however, there is no record of how many sessions were completed, or evidence of functional improvement secondary to physical therapy. Absent such, the request is not medically necessary.