

<b>Case Number:</b>	CM15-0030969		
<b>Date Assigned:</b>	02/24/2015	<b>Date of Injury:</b>	04/20/2002
<b>Decision Date:</b>	04/10/2015	<b>UR Denial Date:</b>	02/11/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	02/19/2015

### 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: New Jersey, Michigan, California  
 Certification(s)/Specialty: Neurology, Neuromuscular 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 51 year old male, who sustained a work/ industrial injury on 4/20/02 after a dolly fell on him. He has reported symptoms of low back pain that radiated to the lower extremities with numbness and tingling that was rated 7/10. Prior medical history was not included in the documentation. The diagnoses have included lumbar spine disc rupture, s/p lumbar spine fusion, right and left knee surgery, and chronic pain syndrome. Treatments to date included conservative measures, medication, activity modification, H-wave unit, and acupuncture. Diagnostics included a Magnetic Resonance Imaging (MRI) that revealed good fusion at L5 and S1 and annular tear at L4-5. Medications were not listed. Exam on 1/6/15 noted the IW had complaints of low back pain that radiated to the bilateral lower extremities with numbness and tingling. There was tenderness, spasm, decreased range of motion and decreased sensation at the L5-S1 areas. Exam on 1/28/15 noted complaints of low back pain with sexual dysfunction, tenderness, painful range of motion and intact sensation. Conservative treatment and activity modification had failed. On 2/11/15, Utilization Review modified Physical therapy 2x6 for back and bilateral knees to Physical Therapy x 2 for back and bilateral knees; non-certified, Acupuncture 2x6 for back and bilateral knees; non-certified, Transportation to every doctor and every therapy appointment, citing the California Medical treatment Utilization Schedule (MTUS) Guidelines for physical therapy and Acupuncture; and California Department of Health Care Services Criteria Manual Chapter 12.1, Criteria for Medical Transportation and Related Services, for Transportation.

## IMR ISSUES, DECISIONS AND RATIONALES

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

### **Physical therapy 2x6 for back and bilateral knees: Upheld**

**Claims Administrator guideline:** The Claims Administrator did not cite any medical evidence for its decision.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Physical Medicine Page(s): 98.

**Decision rationale:** According to MTUS guidelines, Physical Medicine is recommended as indicated below. Passive therapy (those treatment modalities that do not require energy expenditure on the part of the patient) can provide short term relief during the early phases of pain treatment and are directed at controlling symptoms such as pain, inflammation and swelling and to improve the rate of healing soft tissue injuries. They can be used sparingly with active therapies to help control swelling, pain and inflammation during the rehabilitation process. Active therapy is based on the philosophy that therapeutic exercise and/or activity are beneficial for restoring flexibility, strength, endurance, function, range of motion, and can alleviate discomfort. Active therapy requires an internal effort by the individual to complete a specific exercise or task. This form of therapy may require supervision from a therapist or medical provider such as verbal, visual and/or tactile instruction(s). Patients are instructed and expected to continue active therapies at home as an extension of the treatment process in order to maintain improvement levels. Home exercise can include exercise with or without mechanical assistance or resistance and functional activities with assistive devices. (Colorado, 2002) (Airaksinen, 2006) Patient-specific hand therapy is very important in reducing swelling, decreasing pain, and improving range of motion in CRPS. (Li, 2005) The use of active treatment modalities (e.g., exercise, education, activity modification) instead of passive treatments is associated with substantially better clinical outcomes. In a large case series of patients with low back pain treated by physical therapists, those adhering to guidelines for active rather than passive treatments incurred fewer treatment visits, cost less, and had less pain and less disability. The overall success rates were 64.7% among those adhering to the active treatment recommendations versus 36.5% for passive treatment. (Fritz, 2007) There are no recent objective findings that support musculoskeletal dysfunction requiring more physical therapy. There is no documentation that the patient cannot perform home exercise. Therefore, the request for Physical therapy 2x6 for back and bilateral knees is not medically necessary.

### **Acupuncture 2x6 for back and bilateral knees: Upheld**

**Claims Administrator guideline:** The Claims Administrator did not cite any medical evidence for its decision.

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

**Decision rationale:** According to MTUS guidelines, acupuncture is considered in knee, back, ankle, and upper extremities complaints. Acupuncture 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. It is the insertion and removal of filiform needles to stimulate acupoints (acupuncture points). Needles may be inserted, manipulated, and retained for a period of time. Acupuncture can be used to reduce pain, reduce inflammation, increase blood flow, increase range of motion, decrease the side effect of medication-induced nausea, promote relaxation in an anxious patient, and reduce muscle spasm. (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 (ef). In this case, there was no objective documentation of clinical or functional improvement with the previous use of acupuncture. Therefore, the request for Acupuncture 2x6 for back and bilateral knees is not medically necessary until the documentation of the previous sessions.

**Transportation to every doctor and every therapy appointment:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not cite any medical evidence for its decision.

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Knee and Leg Chapter, Transportation.

**Decision rationale:** According to ODG guidelines, Transportation (to & from appointments) recommended for medically-necessary transportation to appointments in the same community for patients with disabilities preventing them from self-transport. (CMS, 2009) Note: This reference applies to patients with disabilities preventing them from self-transport who are age 55 or older and need a nursing home level of care. Transportation in other cases should be agreed upon by the payer, provider and patient, as there is limited scientific evidence to direct practice. There is no documentation that the patient is unable to use public transportation safely and independently to attend his medical appointments. Therefore, the request for Transportation to every doctor and every therapy appointment is not medically necessary.