

<b>Case Number:</b>	CM15-0033166		
<b>Date Assigned:</b>	02/26/2015	<b>Date of Injury:</b>	11/19/2010
<b>Decision Date:</b>	04/13/2015	<b>UR Denial Date:</b>	01/23/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	02/23/2015

### 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:

This 33 year old male sustained an industrial injury on 11/19/10. He subsequently reports ongoing neck and back pain. Diagnoses include lumbago, cervicgia, cervical spine disc displacement and radiculopathy, lumbar disc displacement and derangement. Treatments to date have prescription pain medications. On 1/23/15, Utilization Review non-certified requests for Acupuncture 2 times a week for 4 weeks for the lumbar spine and Physical Therapy 2 times a week for 4 weeks to the Lumbar Spine. The Acupuncture 2 times a week for 4 weeks for the lumbar spine and Physical Therapy 2 times a week for 4 weeks to the Lumbar Spine were denied based on MTUS guidelines.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Acupuncture 2 times a week for 4 weeks for the lumbar spine:** 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 9792.24.1. Acupuncture Medical Treatment Guidelines Page(s): 13.

**Decision rationale:** The patient presents with achy neck pain rated 8-9/10, stabbing low back pain rated 8-9/10, and right hip pain rated 8-9/10 with associated muscle spasms. The patient's date of injury is 11/19/10. Patient has no documented surgical history directed at this complaint. The request is for ACUPUNCTURE 2 TIMES A WEEK FOR 4 WEEKS FOR THE LUMBAR SPINE. The RFA was not provided. Physical examination dated 10/15/14 reveals tenderness to palpation of the bilateral cervical paraspinal muscles, bilateral trapezius, bilateral levator scapulae, bilateral suboccipital, and bilateral sternocleidomastoid muscles. Lumbar spine exam reveals tenderness to palpation of the lumbar paraspinal muscles and spinous processes from L3-L5. Right hip examination reveals tenderness to palpation over the right trochanter, medial/lateral thigh, right quadriceps and hamstrings. Neurological examination of the upper extremities reveals decreased sensation for the C5-T1 dermatomes in the bilateral upper extremities. Neurological examination of the lower extremities reveals decreased sensation of the L4-S1 dermatomes bilaterally and decreased motor strength bilaterally. The patient is currently prescribed Deprizine, Dicopanol, Fanatrex, Synapryn, Tabradol, Capsaicin, Flurbiprofen, topical Menthol, Cyclobenzaprine, and Gabapentin. Diagnostic imaging was not included. Per 10/15/14 progress note, patient is temporarily totally disabled through 11/19/14. For acupuncture, the MTUS Guidelines page 8 recommends acupuncture for pain, suffering, and for restoration of function. Recommended frequency and duration is 3 to 6 treatments for trial, and with functional improvement, 1 to 2 per month. For additional treatment, the MTUS Guidelines requires functional improvement as defined by Labor Code 9792.20e a significant improvement in ADLs, or change in work status and reduced dependence on medical treatments. In regards to the request for 8 acupuncture treatments for the management of this patient's chronic lower back pain, the treater has exceeded guideline recommendations. While this patient has no record of previous acupuncture and could benefit from such therapies, the treater's request of 8 sessions exceeds MTUS guidelines. MTUS indicates a maximum of 6 treatments during the trial period, with additional therapy only if there are documented benefits. Therefore, this request IS NOT medically necessary.

**Physical Therapy 2 times a week for 4 weeks to the Lumbar Spine:** Overturned

**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): 98-99.

**Decision rationale:** The patient presents with achy neck pain rated 8-9/10, stabbing low back pain rated 8-9/10, and right hip pain rated 8-9/10 with associated muscle spasms. The patient's date of injury is 11/19/10. Patient has no documented surgical history directed at this complaint. The request is for PHYSICAL THERAPY 2 TIMES A WEEK FOR 4 WEEKS TO THE LUMBAR SPINE. The RFA was not provided. Physical examination dated 10/15/14 reveals tenderness to palpation of the bilateral cervical paraspinal muscles, bilateral trapezius, bilateral levator scapulae, bilateral suboccipital, and bilateral sternocleidomastoid muscles. Lumbar spine exam reveals tenderness to palpation of the lumbar paraspinal muscles and spinous processes from L3-L5. Right hip examination reveals tenderness to palpation over the right trochanter,

medial/lateral thigh, right quadriceps and hamstrings. Neurological examination of the upper extremities reveals decreased sensation for the C5-T1 dermatomes in the bilateral upper extremities. Neurological examination of the lower extremities reveals decreased sensation of the L4-S1 dermatomes bilaterally and decreased motor strength bilaterally. The patient is currently prescribed Deprixine, Dicoprofanol, Fanatrex, Synapryn, Tabradol, Capsaicin, Flurbiprofen, topical Menthol, Cyclobenzaprine, and Gabapentin. Diagnostic imaging was not included. Per 10/15/14 progress note, patient is temporarily totally disabled through 11/19/14. MTUS Chronic Pain Medical Treatment Guidelines, pages 98 to 99 state that for patients with "myalgia and myositis, 9 to 10 sessions over 8 weeks are allowed, and for neuralgia, neuritis, and radiculitis, 8 to 10 visits over 4 weeks are allowed." Treater is requesting 8 sessions of physical therapy for the management of this patient's continuing lower back pain, the request appears reasonable. There is no documentation of previous physical therapy directed at this complaint to date. Conservative therapies such as physical therapy are considered first line treatment for this patient's condition. The requested 8 sessions falls within MTUS guidelines which specify a maximum of 10. Therefore, this request IS medically necessary.