

<b>Case Number:</b>	CM15-0045362		
<b>Date Assigned:</b>	03/17/2015	<b>Date of Injury:</b>	07/29/2011
<b>Decision Date:</b>	05/01/2015	<b>UR Denial Date:</b>	02/11/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	03/10/2015

### 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 53-year-old male injured worker suffered an industrial injury on 7/29/2011. The diagnoses were lumbar disc herniation, sacroiliitis, lumbar radiculopathy and myofascitis. The treatments were medications, physical therapy and acupuncture. The treating provider reported increased back pain going to left hip/leg going to the toes with numbness and tingling at 4 to 6/10. Straight leg raise was positive. The requested treatments were: 1. Acupuncture 2 x 4 weeks for the Low Back. 2. Physical Therapy 2 x 3 weeks, 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 2 x 4 weeks for the Low Back:** Upheld

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

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

**Decision rationale:** The patient presents with low back pain that radiates into his left hip, leg and toes with tingling in the toes. The current request is for acupuncture 2 x 4 weeks for the low

back. The treating physician states on 12/5/14 (B35) "At this time, we are going to go ahead and recommend for physical therapy two times four weeks, acupuncture two times three weeks. We will favor those modalities since they have helped in the past." The clinical records provided do not document that the patient has received any prior acupuncture treatments. Acupuncture Medical Treatment Guidelines (AMTG) do recommend acupuncture for the treatment of low back complaints. AMTG states, "Time to produce functional improvement: 3 to 6 treatments." In this case, the request is for 8 sessions exceeds what the guidelines recommend. The current request has not met established guidelines for medical necessity. Therefore, the request is not medically necessary.

**Physical Therapy 2 x 3 weeks, for the Low Back: Upheld**

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Physical Medicine Page(s): 99.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Physical Medicine Page(s): 98-99.

**Decision rationale:** The patient presents with low back pain that radiates into his left hip, leg and toes with tingling in the toes. The current request is for physical therapy 2 x 3 weeks, for the low back. The treating physician states on 12/5/14 (B35) "At this time, we are going to go ahead and recommend for physical therapy two times four weeks, acupuncture two times three weeks. We will favor those modalities since they have helped in the past." MTUS guidelines indicate that Physical Therapy (PT) is recommended: 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. For myalgia and neuritis type conditions, 8-10 sessions of physical therapy are recommended." In this case, the clinical records provided document that the patient has been attending physical therapy but records reviewed did not indicate the number of session that have been completed. Without knowing the number of session completed, a determination cannot be made as to whether the maximum number of session allowed have been met. Additionally, the clinical records reviewed do not provide any compelling medical rationale to perform additional PT. There was no documentation provided that indicated prior treatment produced objective functional improvements. The current request is not medically necessary.