

<b>Case Number:</b>	CM15-0081343		
<b>Date Assigned:</b>	05/04/2015	<b>Date of Injury:</b>	01/24/2014
<b>Decision Date:</b>	06/02/2015	<b>UR Denial Date:</b>	04/10/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	04/28/2015

### 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, Indiana, New York  
Certification(s)/Specialty: Internal 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 45 year old male who sustained an industrial injury on 1/24/14 resulting in injury to his back and bilateral legs. He was x-rayed with normal results, offered pain medication which he refused and had physical therapy. He was placed on modified duty. He currently complains of suboccipital head pain described as tightness and gripping with a pain level of 4/10; constant low back pain with radiation to the right leg with numbness and a pain level of 2/10; sleep difficulties due to pain Medications are compounded tramadol, gabapentin, menthol and camphor for pain and flurbiprofen for inflammation and acetaminophen/ Codeine. Diagnoses include lumbar sprain; lumbago; discogenic back pain; lumbar spine intervertebral disc tear. Treatments to date include acupuncture, physiotherapy with limited improvement, pain management consult, medications. Diagnostics include MRI of the lumbar spine (3/25/14) with abnormalities. In the progress note dated 3/12/15 the treating provider's plan of care recommended acupuncture treatments once per week for six weeks to address the lumbar spine and focus on reducing current pain levels; physical therapy two times per week for six weeks to address lumbar spine to help with strengthening and reducing pain levels.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Acupuncture one time a week for 6 weeks, lower back: 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 based on Non-MTUS Citation Official Disability Guidelines (ODG) Low back section, Acupuncture treatment.

**Decision rationale:** Pursuant to the Acupuncture Medical Treatment Guidelines and the Official Disability Guidelines, acupuncture 1 time per week for 6 weeks is not medically necessary. Acupuncture is not recommended for acute low back pain. Acupuncture is recommended as an option for chronic low back pain using a short course of treatment in conjunction with other interventions. The Official Disability Guidelines provide for an initial trial of 3-4 visits over two weeks. With evidence of objective functional improvement, a total of up to 8 to 12 visits over 4 to 6 weeks may be indicated. The evidence is inconclusive for repeating this procedure beyond an initial short period. In this case, the injured worker's working diagnoses are lumbar sprain; lumbago; discogenic back pain; and lumbar spine intervertebral disc tear per MRI. Documentation from a March 3, 2015 progress note shows the injured worker has been receiving acupuncture. The utilization review indicates acupuncture was authorized on March 4, 2015, once a week for six weeks. It does not appear the treating provider is aware of the authorization. A subsequent request for acupuncture one time per week for six weeks (RFA date March 30, 2015) is not clinically indicated. Based on clinical information in the medical record and the peer-reviewed evidence-based guidelines, (repeat request) acupuncture 1 time per week for 6 weeks is not medically necessary.

**Physical therapy 2 times a week for 6 weeks, lower back Qty: 12: Upheld**

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 9 Shoulder Complaints Page(s): 173-174. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Preface.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Physical Medicine Page(s): 98-99. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Low back section, Physical therapy.

**Decision rationale:** Pursuant to the Chronic Pain Medical Treatment Guidelines and the Official Disability Guidelines, physical therapy two times per week in six weeks to the low back (#12 sessions) is not medically necessary. 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 negative direction (prior to continuing with physical therapy). When treatment duration and/or number of visits exceed the guideline, exceptional factors should be noted. In this case, the injured worker's working diagnoses are lumbar sprain; lumbago; discogenic back pain; and lumbar spine intervertebral disc tear per MRI. The documentation from a March 12, 2015 progress note shows the injured worker received physical therapy two times a week times six weeks with "limited" improvement. The request for authorization date March 30, 2015 contains a request for an additional 12 sessions of physical therapy to help with strengthening and reducing pain levels.

According to the utilization review, the injured worker received a full complement of physical therapy for the lumbar spine. There are no compelling clinical facts in the medical record indicating additional physical therapy is warranted. Consequently, absent compelling clinical documentation with objective functional improvement referencing ongoing physical therapy and compelling clinical facts indicating additional physical therapy is warranted, (additional) physical therapy two times per week in six weeks to the low back (#12 sessions) is not medically necessary.