MAXIMUS Federal Services

| Case Number: | CM14-0003071 | | |
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| Date Assigned: | 01/29/2014 | Date of Injury: | 10/06/2010 |
| Decision Date: | 06/27/2014 | UR Denial Date: | 12/12/2013 |
| Priority: | Standard | Application Received: | 01/08/2014 |

## 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. The expert reviewer is Board Certified in Occupational Medicine, and is licensed to practice in California. 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/services. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

## 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 patient is a 48-year-old male who has submitted a claim for neck strain and low back pain associated with an industrial injury date of October 6, 2010. Medical records from 2013 were reviewed, which showed that the patient complained of neck and low back pain, rated at 1/10. He also reported that he did not need further medications. On physical examination, there was tenderness of the C5-6 paravertebral muscle regions bilaterally. There was mild pain with neck flexion and extension. Examination of the lower back revealed tenderness of the L4-5 paravertebral muscle regions bilaterally. Straight leg raise test was negative. Treatment to date has included medications, two out of eight acupuncture sessions, and an unknown number of physical therapy sessions.

## IMR ISSUES, DECISIONS AND RATIONALES

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

**EIGHT (8) ACUPUNCTURE THERAPY SESSIONS:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation MTUS: ACUPUNCTURE MEDICAL TREATMENT GUIDLINES, ,

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

**Decision rationale:** Acupuncture may be used as an option when pain medication is reduced or not tolerated, or as an adjunct to physical rehabilitation and/or surgical intervention to hasten functional recovery. The time to produce functional improvement is 3-6 treatments at a frequency of 1-3 times per week over the course of 1-2 months. Additionally, acupuncture treatments may be extended if functional improvement is documented. In this case, the patient already underwent two previous acupuncture sessions. However, a minimum of three visits is necessary to produce functional improvement. In addition, the patient has six remaining acupuncture sessions. There is no clear rationale for additional acupuncture sessions at this time. As such, the request is not medically necessary.

**EIGHT (8) PHYSICAL THERAPY SESSIONS:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation MTUS: CHRONIC PAIN MEDICAL TREATMENT GUIDLINES, PHYSICAL MEDICINE,

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Chronic Pain Medical Treatment Guidelines 9792.24.2, Page(s): 98-99.

**Decision rationale:** According to pages 98-99 of the California MTUS Chronic Pain Medical Treatment Guidelines, active therapy is recommended for restoring flexibility, strength, endurance, function, and range of motion. It can also alleviate discomfort. Patients are instructed and expected to continue active therapies at home as an extension of the treatment process in order to maintain improvement levels. In addition, guidelines allow for fading of treatment frequency from up to three visits per week to one or less with the addition of active self-directed home physical medicine. In this case, the patient previously underwent an unknown number of physical therapy sessions. However, there was no documentation of functional improvement. Moreover, guidelines encourage continuation of active therapies at home. There is no clear rationale for continued physical therapy at this time. As such, the request is not medically necessary.

**FOLLOW UP WITH MEDICAL DOCTOR FOR MEDICATIONS:** 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) Pain, Office Visits

**Decision rationale:** The California MTUS/ACOEM guidelines do not specifically address office visits, so the Official Disability Guidelines (ODG) were used instead. The ODG states that evaluation and management outpatient visits to the offices of medical doctors play a critical role in the proper diagnosis and return to function of an injured worker, to monitor the patient's progress, and make any necessary modifications to the treatment plan. The determination of necessity for a follow up with medical doctor for medications means that the patient has previously seen a medical doctor for medications. The only records provided were utilization

review records dated 12/3/13; no medical records of the treating provider were provided. The utilization report indicates that a 9/25/13 medical report stated that the patient has cervical spine pain rated 2/10, and had not much pain in the thoracic and lumbar spine, and that treatment consisted of home therapy and TENS. The 10/30/13 medical report stated that the patient had lumbar spine pain for which therapy and acupuncture was recommended. The 12/4/13 medical report indicated that acupuncture helped the patient's cervical and lumbar spine pain. The treatment plan was continued acupuncture, physical therapy, and a follow up for medications if needed. There is no documentation indicating that the patient was previously prescribed medications or required prescription medications. As such, the request is not medically necessary.