

<b>Case Number:</b>	CM14-0125915		
<b>Date Assigned:</b>	09/24/2014	<b>Date of Injury:</b>	07/24/2010
<b>Decision Date:</b>	10/24/2014	<b>UR Denial Date:</b>	07/23/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	08/08/2014

### 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 Physical Medicine and Rehabilitation 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:

This 38-year-old patient sustained a work-related injury on 7/24/10. Requests under consideration include land and pool based spinal physical therapy two to three times per week for six weeks and acupuncture one time per week for six weeks. Diagnoses include L5-S1 HNP/DDD; S1 radiculopathy; neurogenic bladder, perineal numbness and vaginal pain. MRI of lumbar spine dated 2/8/13 showed small disc protrusion at L5-S1 with posterior annular tear. Conservative care has included medications, physical therapy, acupuncture, lumbar epidural steroid injection at right L5-S1 (5/13/14), and modified activities/rest. Report of 6/30/14 from the provider noted ongoing chronic severe lower back pain. The patient has been taking Motrin and doing physical therapy. Recent injection was noted to help, but pain had flared again rated at 6/10 with associated numbness in right lateral foot and small toe. Previous acupuncture has also minimally helped. Medications listed include Flector patches, Mobic, Ultram, Lyrica, and Ambien. Exam showed diffuse decreased sensation at lateral right foot and right S2-3 region around buttock and posterior thigh; decreased lumbar range; and symmetrical DTRs 1+ in bilateral upper and lower extremities. The requests for land and pool based spinal physical therapy 2-3 times per week for 6 weeks and acupuncture 1 time per week for 6 weeks were non-certified on 7/23/14 citing guidelines criteria and lack of medical necessity.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Land-and-pool-based spinal physical therapy, 2 to 3 times per week for 6 weeks: Upheld**

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Aquatic therapy.

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

**Decision rationale:** Aquatic Therapy does not seem appropriate, as the patient has participated in land-based physical therapy (PT). There are no records indicating intolerance of treatment or that the injured worker is incapable of making the same gains with land-based program; nor is there any medical diagnosis or indication to require aqua therapy at this time. The patient has not had recent lumbar or knee surgery, nor is there diagnosis of morbid obesity requiring gentle aquatic rehabilitation with passive modalities. The injured worker should have the knowledge to continue with functional improvement with a home exercise program (HEP). The patient has completed formal sessions of PT and there is nothing submitted to indicate functional improvement from treatment already rendered. There is no report of new acute injuries that would require a change in the functional restoration program. There is no specific report of acute flare-up with continued severe symptoms, and the patient has been instructed on a home exercise program for this 2010 injury. Per Guidelines, physical therapy is considered medically necessary when the services require the judgment, knowledge, and skills of a qualified physical therapist due to the complexity and sophistication of the therapy and the physical condition of the patient. However, there is no clear measurable evidence of progress with the PT treatment already rendered, such as milestones of increased range of motion (ROM), strength, and functional capacity. Review of submitted physician reports shows no evidence of functional benefit; but rather, unchanged chronic symptom complaints, clinical findings, and work status. There is no evidence documenting functional baseline with clear goals to be reached and the patient striving to reach those goals. The Chronic Pain guidelines allow for visits of physical therapy with fading of treatment to an independent self-directed home program. Submitted reports have not adequately demonstrated the indication to support the requested pool/land therapy. The land and pool based spinal physical therapy 2-3 times per week for 6 weeks is not medically necessary and appropriate.

**Acupuncture 1 time per week for 6 weeks:** Upheld

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

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

**Decision rationale:** The MTUS Acupuncture Guidelines recommend an initial trial of 3 to 6 treatments with further consideration upon evidence of objective functional improvement. Submitted reports have not demonstrated the medical indication to support continued acupuncture. Although the patient reported minimal benefit from previous acupuncture treatment, medical reports noted unchanged pain symptoms and clinical findings despite extensive conservative care for this chronic injury of 2010. The patient remains functionally unchanged from acupuncture treatment visits already rendered. There is no demonstrated functional improvement derived from treatment completed in terms of decreased medical

utilization, improved function and activities of daily living, visual analog scale pain level, or clinical findings. Acupuncture 1 time per week for 6 weeks is not medically necessary and appropriate.