

<b>Case Number:</b>	CM14-0090591		
<b>Date Assigned:</b>	07/23/2014	<b>Date of Injury:</b>	07/21/2011
<b>Decision Date:</b>	09/22/2014	<b>UR Denial Date:</b>	06/09/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	06/16/2014

### 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, has a subspecialty in Pain Management 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 is a female patient with a date of injury of July 21, 2011. A utilization review determination dated June 9, 2014 recommends non-certification of acupuncture for the lumbar spine quantity of six, this request was modified to a quantity of four, and non-certification for physical therapy of the lumbar spine. A progress note dated April 18, 2014 identifies subjective complaints of diffuse low back pain that is improving with treatment, the patient reports that her back is feeling "a little better" because of acupuncture, she continues to have right leg pain, she has radiating pain along the right L5 distribution, right lateral thigh numbness, numbness around bilateral ankles, she describes her pain is being dull, her pain score is a 7/10, her pain is constant variable in intensity, she has right lower extremity weakness, she has tingling in bilateral lower extremities, her pain is worsened with driving, standing, and walking, and her pain is alleviated with sitting. The patient has one more session of acupuncture remaining from her second course of acupuncture, she reports decreased frequency and intensity of low back pain, and she does not wake up with severe pain in her low back anymore. The patient is currently taking Ibuprofen 600 mg twice daily and using a Lidoderm patch 12 hours on and 12 hours off. Physical examination identifies deep tendon reflexes are 1+ of the right patella and right Achilles, decreased light touch sensation in right L5 and S1 dermatomal distribution, there is tenderness noted over the paraspinal muscles overlying the facet joints on both sides trigger points noted over lower paraspinal muscles, 1+ muscle spasm over the lower paraspinal muscles, and the right ankle plantar flexors are graded 4/5. Diagnoses include lumbar radiculopathy, displacing of lumbar intervertebral disc without myelopathy, and degeneration of cervical intervertebral disc. The treatment plan recommends continuation of Lidoderm and Ibuprofen, possible request for additional physical therapy, and a request for six additional acupuncture sessions.

## IMR ISSUES, DECISIONS AND RATIONALES

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

### **Acupuncture Lumbar QTY:6:** Upheld

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

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation American College of Occupational and Environmental Medicine (ACOEM), 2nd Edition, (2004) Medical treatment utilization schedule; Official Disability Guidelines (ODG), Chronic Pain Chapter, Acupuncture.

**Decision rationale:** Regarding the request for acupuncture for the lumbar spine #6, California MTUS does support the use of acupuncture for chronic pain, with additional use supported when there is functional improvement documented, which is defined as "either a clinically significant improvement in activities of daily living or a reduction in work restrictions... and a reduction in the dependency on continued medical treatment." A trial of up to 6 sessions is recommended, with up to 24 total sessions supported when there is ongoing evidence of functional improvement. Within the documentation available for review, there is no documentation of significant analgesic efficacy (in terms of reduced NRS or percent pain reduction) or functional improvement with the previous acupuncture trial. In the absence of such documentation, the currently requested acupuncture for the lumbar spine #6 is not medically necessary.

### **Physical Therapy Lumbar:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 298, Chronic Pain Treatment Guidelines 8 C.C.R. 9792.20 - 9792.26 MTUS (Effective July 18, 2009) Page(s): 98 OF 127. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Low Back Chapter, Physical Therapy.

**Decision rationale:** Regarding the request for physical therapy for the lumbar spine, Chronic Pain Medical Treatment Guidelines recommend a short course of active therapy with continuation of active therapies at home as an extension of the treatment process in order to maintain improvement levels. ODG has more specific criteria for the ongoing use of physical therapy. ODG recommends a trial of physical therapy. If the trial of physical therapy results in objective functional improvement, as well as ongoing objective treatment goals, then additional therapy may be considered. Within the documentation available for review, there is no statement indicating why an independent program of home exercise would be insufficient to address any remaining objective deficits. In the absence of such documentation, the current request for physical therapy for the lumbar spine is not medically necessary.

