

<b>Case Number:</b>	CM14-0158606		
<b>Date Assigned:</b>	10/02/2014	<b>Date of Injury:</b>	07/22/1999
<b>Decision Date:</b>	01/02/2015	<b>UR Denial Date:</b>	09/12/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	09/26/2014

### 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 Interventional Spine 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 57 year old with an injury date on 7/22/99. Patient complains of lower back pain and left ankle edema if she stands too long per 4/24/14 report. Patient is overall stable compared to report from 4 months ago per 8/29/14 report. Based on the 8/29/14 progress report provided by the treating physician, the diagnoses are: 1. Cauda Equina syndrome NOS2. Cauda equina syndrome with neurogenic bladder3. Migraine, other, without mention of intractable migraine4. Lumbar s/s5. Cramp in limb6. Herniated disc syndrome7. Depression with anxiety8. Neurogenic bladder with incontinence9. Insomnia disorder related to know organic factor10. Neurogenic bowel with constipation alternating with incontinence11. Therapeutic drug monitor12. Dysesthesia bilateral LE's due to #113. Cramp, bilateral lower extremities worse on right14. Depression, reactive, treated15. Insomnia NOSExam on 8/29/14 showed "gait stable. Motor exam normal. Light touch reduced in lower extremities, plantar aspect, and right." No range of motion testing was found in reports. Patient's treatment history includes acupuncture, home exercise program, orthotics, and medications. The treating physician is requesting physical therapy 2 times a week (# of weeks not listed) and ongoing for lumbar spine, and acupuncture 1 x 1 week, ongoing for lumbar spine. The utilization review determination being challenged is dated 9/12/14. The requesting physician provided treatment reports from 4/24/14 to 8/29/14.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Physical therapy 2 times a week (# of weeks not listed) and on going for lumbar spine:**  
Upheld

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

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

**Decision rationale:** This patient presents with lower back pain, and left ankle pain. The provider has asked for physical therapy 2 times a week (# of weeks not listed) and ongoing for lumbar spine on 8/29/14. Review of the reports does not show any evidence of recent physical therapy being done. MTUS guidelines allows for 8-10 sessions of physical therapy for various myalgias and neuralgias. In this case, there is no record of recent therapy and a short course of treatment may be reasonable for a flare-up, declined function or new injury. However, the provider does not indicate any rationale or goals for the requested sessions of therapy. Furthermore, the request does not include a number of sessions. Therefore, the request for physical therapy 2 times a week (# of weeks not listed) and ongoing for lumbar spine is not medically necessary and appropriate.

**Acupuncture 1 x 1 week ongoing for lumbar spine:** Upheld

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

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

**Decision rationale:** This patient presents with lower back pain, and left ankle pain. The provider has asked for acupuncture 1 x 1 week, ongoing for lumbar spine on 8/29/14. Patient has had 9 acupuncture treatments per 8/29/14 report. MTUS acupuncture guidelines allow 3-6 sessions of trial before additional treatment sessions are allowed. In this case, the patient has had 9 acupuncture treatments with unspecified effect. For additional treatments, functional improvement as defined by labor code 9792.20(e) as significant change in activities of daily living (ADL's), or change in work status, and reduced dependence on medical treatments must be documented. Given the lack of such documentation following recent acupuncture, is not medically necessary and appropriate.