

<b>Case Number:</b>	CM14-0214521		
<b>Date Assigned:</b>	01/07/2015	<b>Date of Injury:</b>	08/06/2014
<b>Decision Date:</b>	02/28/2015	<b>UR Denial Date:</b>	12/19/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	12/22/2014

### 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. 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: North Carolina, Georgia  
Certification(s)/Specialty: Family Practice

### 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 claimant had a date of injury of 8/6/2014. Diagnoses included herniated lumbar disc with right sided radiculopathy, right plantar fasciitis, anxiety, insomnia and right Achilles tendon weakness. She has been treated with medication, plantar steroid injection, medications, physical therapy and acupuncture. There are plans for epidural steroid injection. She has had NCV/EMG studies and MRI of lumbar spine. There have been no plain film examinations of the right leg or ankle. The requests are for MRI right leg and ankle, acupuncture 2 times a week for 6 weeks and physical therapy 2 times a week for 6 weeks.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**MRI of The Right Leg and Right Ankle:** Overturned

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

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 13 Knee Complaints Page(s): 347. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG)

Ankle and Foot, Procedure, MRI, Other Medical Treatment Guideline or Medical Evidence:Up To Date, Achilles Tendonopathy and Rupture, Last Update 1/21/2015.

**Decision rationale:** ACOEM chapter on foot and ankle complaints recommends imaging, in the form of plain films, after a trial conservative therapy, and does not address the use of MRI. The ODG section on Ankle and Foot describes use of MRI to evaluate chronic ankle and foot pain when plain films are negative, for chronic foot pain with paresthesias if Morton's Neuroma or tarsal tunnel syndrome are suspected based on clinical presentation, for cases of deeply infiltrating plantar fibromatosis for surgical planning. The specific reason for the request in this case is related to concern for partial Achilles tendon rupture. Up To Date article on Achilles Tendinopathy and Rupture states that MRI may be used for diagnostic imaging of Achilles tendon rupture. The MRI of right leg and ankle is medically necessary.

**Acupuncture 2 Times A 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:** CA MTUS guidelines state that acupuncture is used as an option when pain medication is reduced or not tolerated, it may be used as an adjunct to physical rehabilitation and/or surgical intervention to hasten functional recovery. The frequency and duration of acupuncture or acupuncture with electrical stimulation may be performed as follows:1) Time to produce functional improvement: 3 to 6 treatments.2) Frequency: 1 to 3 times per week.3) Optimum duration: 1 to 2 months. Acupuncture treatments may be extended if functional improvement is documented. In this case there is no documentation of intolerance to pain medication or of response to other physical rehabilitation interventions. As such, acupuncture 2 times a week for six weeks is not medically indicated.

**Physical Therapy 2 Times A Week for 6 Weeks:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Section 2 Page(s): 98-99.

**Decision rationale:** The CA MTUS recommends physical therapy for management of chronic pain with a clear preference for active therapy over passive therapy. Physical therapy includes supervision by therapist then the patient is expected to continue active therapies at home in order to maintain improvement levels. Guidelines direct fading treatment frequency from 3 times a week to one or less with guidelines ranging depending on the indication: Myalgia and myositis, unspecified (ICD9 729.1): 9-10 visits over 8 weeks, Neuralgia, neuritis, and radiculitis, unspecified (ICD9 729.2), 8-10 visits over 4 weeks, Reflex sympathetic dystrophy (CRPS) (ICD9 337.2): 24 visits over 16 weeks. In this case, the claimant has already completed 3 x 6

sessions of physical therapy but no clear description of response to that therapy is included. The medical records do not contain any information that would support any additional expected benefit from additional physical therapy. The request for physical therapy 2 x 6 sessions is denied.