

<b>Case Number:</b>	CM15-0122726		
<b>Date Assigned:</b>	07/07/2015	<b>Date of Injury:</b>	01/19/2007
<b>Decision Date:</b>	08/04/2015	<b>UR Denial Date:</b>	06/17/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	06/25/2015

### 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: Texas, New York, California  
 Certification(s)/Specialty: Preventive Medicine, Occupational Medicine

### 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 applicant is a represented 47-year-old who has filed a claim for chronic low back pain (LBP) reportedly associated with an industrial injury of January 19, 2007. In a Utilization Review report dated June 17, 2015, the claims administrator failed to approve requests for acupuncture and physical therapy for the low back. The claims administrator referenced a June 14, 2015 RFA form and associated progress note of June 8, 2015 in its determination. The claims administrator invoked the misnumbered, mislabeled, now-outdated 2007 MTUS Acupuncture Medical Treatment Guidelines in its determination. The claims administrator stated that the applicant had had 18 sessions of physical therapy to date. The claims administrator stated that the number of prior acupuncture treatments was not established. The applicant's attorney subsequently appealed. In RFA, forms dated July 9, 2015, six sessions of acupuncture and six sessions of physical therapy were sought. In an associated progress, note of July 7, 2015, handwritten, difficult to follow, not entirely legible, the applicant reported ongoing complaints of low back pain radiating into lower extremities, 5/10. The attending provider went on to appeal the previously denied physical therapy and acupuncture, stating that the applicant had not had physical therapy and/or acupuncture in the last year. A flurbiprofen-containing topical compounded medication and permanent work restrictions were renewed. It was acknowledged that the applicant was not working with said permanent limitations in place.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Acupuncture 2x3 Lumbar Spine: Upheld**

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

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

**Decision rationale:** No, the request for six sessions of acupuncture was not medically necessary, medically appropriate, or indicated here. The request in question, as acknowledged by both the treating provider and the claims administrator, did in fact, represent a renewal or extension request for acupuncture. While the Acupuncture Medical Treatment Guidelines in MTUS 9792.24.1d acknowledge that acupuncture treatments may be extended if there is evidence of functional improvement as defined in section 9792.20e, in this case, however, there is no clear or compelling evidence of functional improvement as defined in section 9792.20e, despite receipt of earlier unspecified amounts of acupuncture over the course of the claim. The applicant remained off work, it was acknowledged on a handwritten progress note of July 7, 2015. Permanent work restrictions were renewed, unchanged, from visit to visit, despite receipt of earlier unspecified amounts of acupuncture over the course of the claim. All of the foregoing, taken together, suggested a lack of functional improvement as defined in MTUS 9792.20e, despite receipt of unspecified prior acupuncture treatments over the course of the claim. Therefore, the request for additional acupuncture was not medically necessary.

**PT 2x3 Lumbar Spine: Upheld**

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

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

**Decision rationale:** Similarly, the request for six sessions of physical therapy for the lumbar spine was likewise not medically necessary, medically appropriate, or indicated here. The applicant had had prior treatment (18 sessions, per the claims administrator), seemingly in excess of the 9- to 10-session course recommended on page 99 of the MTUS Chronic Pain Medical Treatment Guidelines for myalgias and myositis of various body parts, the diagnoses reportedly present here. Page 8 of the MTUS Chronic Pain Medical Treatment Guidelines further stipulates that demonstration of functional improvement is necessary at various milestones in the treatment program in order to justify continued treatment. Here, however, the applicant was off work, it was reported on July 7, 2015. Permanent work restrictions were renewed, unchanged from prior visits, on that date. The applicant remained dependent on various forms of medical treatment to include topical compounded agents; it was further noted on July 7, 2015. All of the foregoing, taken together, suggested a lack of functional improvement as defined in MTUS 9792.20e, despite receipt of earlier physical therapy already in excess of MTUS parameters. Therefore, the request for an additional six sessions of physical therapy was not medically necessary.

