

Case Number:	CM13-0010144		
Date Assigned:	12/11/2013	Date of Injury:	04/11/2013
Decision Date:	01/22/2014	UR Denial Date:	08/01/2013
Priority:	Standard	Application Received:	08/12/2013

HOW THE IMR FINAL DETERMINATION WAS MADE

MAXIMUS Federal Services sent the complete case file to a physician reviewer. He/she has no affiliation with the employer, employee, providers or the claims administrator. The physician reviewer is Board Certified in Anesthesiology, has a subspecialty in Pain Medicine & Rehabilitation and is licensed to practice in California and Texas. 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 physician 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.

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 51 year-old male who reported a work related injury on 04/11/2013 as the result of a motor vehicle accident. The patient presents for treatment of lumbar spine pain complaints. Status post his work related injury, the patient had completed over 21 sessions of physical therapy. The clinical note dated 07/23/2013 reports the patient was seen for an initial comprehensive orthopedic evaluation under the care of [REDACTED]. The provider documents, since the patient's motor vehicle accident, he has been having significant low back pain that is greater to the left than the right. The patient denies any radiating pain rated at a 3/10 to 4/10. The provider documents rest, elevation, repositioning, and physical therapy lessen the pain. Upon physical exam of the patient, the patient was able to heel/toe walk and squat without much difficulty. The patient's back was nontender. There was increased pain upon flexion and extension to the low back. Neurological examination of the lower extremities revealed motor and sensory was intact, 2+ deep tendon reflexes were evidenced, and straight leg raising was negative to the bilateral lower extremities. The provider documents the patient is having a lot of difficulty just sitting down at work and wearing gun belts as he is a police officer. The provider recommended the patient utilize physical therapy 2 times a week for 6 weeks, as well as acupuncture 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:

The request for 12 Acupuncture sessions between 7/31/2013 and 9/14/2013: Upheld

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

MAXIMUS guideline: Decision based on MTUS Acupuncture Treatment Guidelines.

Decision rationale: The current request is not supported. The clinical documentation submitted for review reports the patient continues to present with lumbar spine pain complaints status post a work related motor vehicle accident sustained in 04/2013. The requesting provider is recommending 12 sessions of acupuncture therapy for the patient's pain complaints; however, California MTUS Acupuncture Guidelines indicate, "Frequency and duration of acupuncture or acupuncture with E-stim may be performed as follows: time to produce functional improvement, 3 treatments to 6 treatments." The current request is excessive in nature and cannot be modified. Therefore, the request for 12 Acupuncture sessions between 7/31/2013 and 9/14/2013 is neither medically necessary nor appropriate.

The request for 12 Physical Therapy Sessions between 7/31/2013 and 9/14/2013 is not medically necessary and appropriate.: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines May 2009.

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

Decision rationale: The current request is not supported. The clinical documentation submitted for review reports the patient has utilized over 21 sessions of physical therapy since status post his work related motor vehicle accident was sustained in 04/2013. At this point in the patient's treatment, an independent home exercise program would be indicated. As California MTUS indicates, "Allow for fading of treatment frequency from up to 3 visits per week to 1 or less plus active self-directed home physical medicine." At this point in the patient's treatment, an independent home exercise program would be indicated. Therefore, given all of the above, the request for 12 Physical Therapy Sessions between 7/31/2013 and 9/14/2013 is neither medically necessary nor appropriate.