MAXIMUS Federal Services

Case Number:	CM13-0012555		
Date Assigned:	01/15/2014	Date of Injury:	04/17/1996
Decision Date:	03/24/2014	UR Denial Date:	08/06/2013
Priority:	Standard	Application Received:	08/15/2013

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 Family Practice and is licensed to practice in 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. 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 53-year-old male patient with date of injury 04/17/1996. The mechanism of injury was not provided; however, the patient did complain of back pain and described it as aching, sharp, stabbing, burning, gnawing, stinging, cramping, shooting, nagging, throbbing, and radiating from the neck to head and shoulders then down arms and hands and to bilateral legs/feet. The pain was exacerbated by bending, bright lights, carrying, cold, coughing, crouching, driving, fatigue, lifting, moving from sitting to standing, noise, pushing, reaching, sitting, standing, stooping, stress, taking stairs, twisting, walking, and weather changes. Other therapies have included rest, heat, massage, ice, and relaxation. The patient has tried acupuncture with 80% relief, physical therapy 60% to 80% relief, orthotics 40% to 60% relief, H-wave therapy 40% to 60% relief, TENS unit 40% to 60% relief, trigger point injections with no relief, and medications 20% to 40% relief. Medications listed include Terocin lotion 120 mg, Avinza 30 mg, Colace 250 mg, Bisacodyl 5 mg, omeprazole DR 20 mg, and Lyrica 100 mg. Range of motion of the lumbar spine showed forward flexion at 30 degrees, extension to 20 degrees, lateral bending to the left at 10 degrees and lateral bending to the right at 20 degrees, rotation to the left was at 20 degrees and rotation to the right at 40 degrees.

IMR ISSUES, DECISIONS AND RATIONALES

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

Physical Therapy 2x/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 Physical Medicine Page(s): 98-99.

Decision rationale: The CA MTUS Guidelines state passive therapy is beneficial for short term relief during the early phases of pain treatment and active therapy is beneficial for restoring flexibility, strength, endurance, function, range of motion, and can alleviate discomfort. A home exercise program is recommended. Guidelines would support 9-10 visits over 8 weeks for myalgia. The request for physical therapy 2 x/week for 6 weeks is non-certified. The documentation provided indicates the patient has had 12 physical therapy sessions to date which would exceed the total number recommended by the guidelines. Also, objective functional improvements with range of motion values were not provided to support additional therapy. As such, the request is non-certified.

Additional Acupuncture 2x/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: The CA MTUS Acupuncture Guidelines recommend an initial trial of 3-4 visits over 2 weeks. With evidence of objective functional improvement, total of up to 8-12 visits over 4-6 weeks. The request for additional acupuncture 2 x/week for 6 weeks is non-certified. The documentation provided indicates the patient has had 11 total acupuncture visits to date and the request would exceed the total recommended. As such, the request is non-certified.