

Case Number:	CM13-0015108		
Date Assigned:	10/04/2013	Date of Injury:	06/26/2003
Decision Date:	01/24/2014	UR Denial Date:	08/21/2013
Priority:	Standard	Application Received:	08/21/2013

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 Orthopedic Surgery, 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:

The patient is a 65-year-old female who reported an injury on 6/26/03; the mechanism of injury was not noted in the medical records. The patient's symptoms include low back pain, right buttock pain, and pain across the low back with radiation down the bilateral anterior lower extremities, primarily in the thighs to the knees. Physical exam findings included normal sensation, normal motor strength, normal deep tendon reflexes of the bilateral lower extremities, tenderness to palpation was negative to the lumbosacral spine, and range of motion testing was limited due to guarding and pain. Otherwise, normal objective findings were noted. The patient's diagnosis was listed as lumbosacral radiculopathy, scoliosis, and lumbar stenosis. It was noted that the patient had previously had 12 sessions of acupuncture and 16 sessions of physical therapy.

IMR ISSUES, DECISIONS AND RATIONALES

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

Physical therapy #10: Upheld

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

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

Decision rationale: The California MTUS guidelines recommend 9-10 visits of physical medicine over 8 weeks for patients with myalgia and myositis in order to restore flexibility, strength, endurance, and function. As the patient was noted to have had 16 visits of physical therapy to date, the current request exceeds the recommendations by the guidelines. Additionally, there was an absence of functional deficits noted on the patient's most recent physical exam. For these reasons, the request is non-certified.

Acupuncture #10: Upheld

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

MAXIMUS guideline: Decision based on MTUS Acupuncture Treatment Guidelines.

Decision rationale: The California MTUS Acupuncture Medical Treatment 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. This treatment is said to be used to reduce pain, reduce inflammation, increase blood flow, increase range of motion, decrease the side effects of medication-induced nausea, promote relaxation in an anxious patient, and reduce muscle spasm. The treatment is recommended for 1-3 times a week for an optimum duration of 1-2 months. The time to produce functional improvement is in 3-6 treatments; treatment may be extended with documentation of functional improvement. As there was no documentation of measurable objective functional gains from the patient's previous 12 sessions of acupuncture, further acupuncture treatments are not supported at this time. Therefore, the request is non-certified.