MAXIMUS Federal Services

Case Number:	CM13-0018872		
Date Assigned:	10/11/2013	Date of Injury:	02/01/2011
Decision Date:	10/15/2014	UR Denial Date:	08/28/2013
Priority:	Standard	Application Received:	08/30/2013

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. The expert reviewer is Board Certified in Physical Medicine and Rehabilitation and is licensed to practice in Michigan, Ohio, Pennsylvania, 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 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/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 injured worker is a 43-year-old male who was injured on 02/01/2011 from an industrial accident. The Lumbar MRI scan report dated 02/16/2013 reveals mild disc dessication noted at L4-5 and L5-S1. Schmorl's node is noted at L2-3, L3-4 and L5-S1. There is an L4-5, right focal paracentral disc extrusion with superior migration indenting the thecal sac. Bilateral neuroforaminal stenosis that encroaches the left and right L4 exiting nerve roots. The most recent submitted progress note dated 08/13/13 reports that the injured worker complaints of increased level of low back pain and lower extremity radicular symptoms. The injured worker was recommended for therapy due to acute increase in symptoms and failure of home exercise program. Objective findings reveal the injured worker ambulates with an antalgic gait and exhibits difficulty with rising from sitting. No additional abnormalities are identified. Medications taken was Cyclobenzaprine/Keto/Lido/Tramadol compounded topical cream, Flexeril, Motrin and Ultram. A request was made for physical therapy 2x3 lumbar spine and acupuncture 2x3 lumbar spine and was denied on 08/28/2013.

IMR ISSUES, DECISIONS AND RATIONALES

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

PHYSICAL THERAPY 2X3 LUMBAR SPINE: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines PHYSICAL MEDICINE Page(s): 98-99.

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

Decision rationale: The requested twice weekly physical therapy x 3 weeks to the lumbar spine is not medically indicated as the symptomatic increase of this chronic condition is not medically supported by the submitted physical examination findings of gait antalgia and difficulty arising from the seated postion. No associated new lower extremity neurologic deficit is noted. Medical necessity has not been established.

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: The requested twice weekly acupuncture treatment x 3 weeks to the lumbar spine is not medically indicated as the symptomatic increase of this chronic condition is not medically supported by the submitted physical examination findings of gait antalgia and difficulty arising from the seated postion. No associated new lower extremity neurologic deficit is noted Medical necessity has not been established.