

Case Number:	CM13-0019002		
Date Assigned:	11/06/2013	Date of Injury:	10/01/2006
Decision Date:	03/24/2014	UR Denial Date:	07/31/2013
Priority:	Standard	Application Received:	09/03/2013

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 Physical Medicine & Rehabilitation, has a subspecialty Certificate in Interventional Spine and is licensed to practice in California. 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 patient is a 53-year-old male with a date of injury of 10/01/2009. Per treating physician's report 07/18/2013, listed diagnoses on this report are major depression, insomnia, and obesity. This treatment report recommends "aquatic therapy and acupuncture." The treater was concerned that the patient "is on a downward spiral medically and emotionally that will further complicate the clinical picture and treatment." Report by [REDACTED] 05/31/2013 lists diagnoses of low back pain, lumbar radiculopathy, Lumbar degenerative disk disease, left shoulder pain, hypertension, and left knee pain. Recommendation was for MS Contin and Norco, Zanaflex. Under discussion, it states that "[REDACTED] denied acupuncture treatment as well as a lumbar epidural steroid injection." Subjective complaints include low back pain with radiation down the left lower extremity and an intensity of 8/10, numbness and tingling down the left lower extremity, awaiting authorization for internal medicine consultation in regard to high blood pressure. Report by [REDACTED] 04/03/2013 recommends 6 visits of acupuncture.

IMR ISSUES, DECISIONS AND RATIONALES

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

Acupuncture two (2) times a week for eight (8) weeks for the left knee/thigh for pain/depression: Upheld

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

MAXIMUS guideline: Decision based on MTUS Acupuncture Treatment Guidelines.

Decision rationale: This patient presents with chronic low back and lower extremity pain with MRI demonstrating degenerative disk changes with multilevel bulging disks. Patient does have radiating symptoms down the left lower extremity. The request is for acupuncture 16 sessions. Unfortunately, utilization review letter was not included on the file for review; I was not able to locate. The request for authorization to understand when the request was made. Furthermore, there were no prior acupuncture reports or notes, and despite review of medical reports from 01/23/2013 to 10/11/2013, there was no mention of any acupuncture the patient was provided in the past. 04/03/2013 report by [REDACTED] requested 6 visits of acupuncture, but subsequent reports do not show any evidence that the patient received the acupuncture treatments or any efficacy. MTUS Guidelines for acupuncture does recommend 3 to 6 sessions of trial and additional sessions with functional improvement. In this patient, the request is for 16 visits. There is no evidence that this patient has trialed acupuncture treatments in the past. None of the reports from 2013 mentioned acupuncture history. While it may be reasonable to authorize 6 sessions of acupuncture treatments for trial, the current request for 16 sessions exceeds what is allowed by MTUS Guidelines. Recommendation is for denial.

Aquatic Therapy two (2) times a week for eight (8) weeks for the left knee/thigh for pain/depression:

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 5 Cornerstones of Disability Prevention and Management Page(s): 79, Chronic Pain Treatment Guidelines Aquatic Therapy Page(s): 22.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Aquatic Therapy Page(s): 22.

Decision rationale: This patient presents with chronic low back pain with radiating symptoms down left lower extremity. The current request is for aquatic therapy 2 times a week for 8 weeks for a total of 16 sessions. Unfortunately, utilization review letter was missing; request for authorization form is missing. Medical records provided include 101 pages of reports including progress reports from 01/23/2013 to 10/11/2013 by [REDACTED], [REDACTED], and [REDACTED]. None of these reports show that this patient has received any aquatic therapy. None of the reports indicate reason for aquatic therapy versus land therapy, such as extreme obesity. MTUS Guidelines page 22 does recommend aqua therapy as an optional form where available as an alternative to land-based physical therapy for situations where reduced weight-bearing is desired such as extreme obesity. For number of treatments, for myositis, myalgia, neuritis, and radiculitis, the type of symptoms this patient is suffering from, up to 9 to 10 visits are recommended over 8 weeks per California Medical Treatment Utilization Schedule (MTUS) Guidelines page 98 and 99. The current request for 16 sessions exceeds what is allowed by MTUS Guidelines. Recommendation is for denial.

