

Case Number:	CM13-0021039		
Date Assigned:	11/08/2013	Date of Injury:	05/07/2008
Decision Date:	01/27/2014	UR Denial Date:	08/21/2013
Priority:	Standard	Application Received:	09/06/2013

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 and Rehabilitation and Pain Management, has a subspecialty 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 is a 73-year-old male with a 5/7/08 injury date. He has been diagnosed with chronic low back pain; facet disease; disc degeneration; and disc desiccation at L3/4, L4/5 and L5/S1. The 9/29/13 report from [REDACTED] notes ongoing low back pain.

IMR ISSUES, DECISIONS AND RATIONALES

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

Physical therapy (12 sessions): Upheld

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

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

Decision rationale: The Chronic Pain Medical Treatment Guidelines recommends 8-10 physical therapy sessions for various myalgias and neuralgias. The request for 12 physical therapy sessions exceeds the guideline recommendations. Therefore, the requested physical therapy is not medically necessary or appropriate.

Acupuncture (12 sessions): Upheld

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

MAXIMUS guideline: Decision based on MTUS Acupuncture Treatment Guidelines.

Decision rationale: The acupuncture treatment guidelines state that there should be some functional improvement within 3-6 acupuncture sessions. The guidelines state that this can be extended if there is documentation of functional improvement. According to the records, this patient has had 9 sessions of acupuncture, but on the 8/29/13 medical report, there is no discussion on functional improvement. There was no discussion of improvement in activities of daily living, reduction in restrictions, and no discussion of reduction in the dependency on continued medical treatment. The request for an additional 12 sessions of acupuncture is not in accordance with the acupuncture medical treatment guidelines. Therefore, the requested acupuncture sessions are not medically necessary.