

Case Number:	CM13-0024098		
Date Assigned:	03/14/2014	Date of Injury:	11/14/2011
Decision Date:	04/22/2014	UR Denial Date:	08/15/2013
Priority:	Standard	Application Received:	09/13/2013

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 Occupational Medicine, 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 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 patient is an employee of [REDACTED] and has submitted a claim for a lumbar sprain associated with an industrial injury date of November 14, 2011. Utilization review from August 15, 2013 denied requests for physical therapy to the lumbar spine due to lack of quantifiable and progressive functional improvement, acupuncture due to lack of findings of progressive deficits, and psychologist consult due to lack of red flags and/or significant positive objective mental/psyche findings. Treatment to date has included microdiscectomy and laminotomy, physical therapy x12 (no documented outcome), and home excise program. Medical records from 2013 through 2014 were reviewed showing the patient complaining of headaches, neck, upper, and mid back, forearm, elbow, knee, and ankle pain. The pain is reported to be associated with weakness, numbness, giving way, locking, grinding, and swelling. The pain radiates to her fingers, thighs, and toes. Activities exacerbate the pain. The patient underwent microdiscectomy and laminotomy in October 2013 but still complains of pain. On examination, there was decreased sensation over the left S1 dermatome. The patient started postoperative physical therapy but there was no documentation concerning the outcome.

IMR ISSUES, DECISIONS AND RATIONALES

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

EIGHT (8) PHYSIOTHERAPY SESSIONS TO LUMBAR SPINE.: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: Decision based on MTUS Postsurgical Treatment Guidelines.

Decision rationale: As stated in the California Medical Treatment Utilization Schedule (MTUS) Postsurgical Treatment Guidelines, postsurgical treatment for discectomy/laminectomy is recommended at sixteen visits over eight weeks. In this case, the patient underwent microdiscectomy and laminotomy in October 2013 and was prescribed twelve sessions of postoperative physical therapy. However, the outcome for the physical therapy and the number of sessions completed were not made available. In addition, an additional eight sessions would exceed guideline recommendations. Therefore, the request for a physiotherapy sessions to the lumbar spine is not medically necessary.

EIGHT (8) ACUPUNCTURE SESSIONS TO LUMBAR SPINE.: Upheld

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

MAXIMUS guideline: Decision based on MTUS Acupuncture Treatment Guidelines.

Decision rationale: As stated in the California Medical Treatment Utilization Schedule (MTUS) Acupuncture Medical Treatment Guidelines, acupuncture is used as an option and pain medication is reduced or not tolerated; it may be used as an adjunct to physical rehabilitation and/or surgical intervention to hasten partial recovery. In this case, it is unclear whether the patient cannot tolerate pain medications or there has been reduced tolerance as there is no discussion concerning these issues. Therefore, the request for acupuncture is not medically necessary.

CONSULT WITH A PSYCHOLOGIST.: Overturned

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 15 Stress Related Conditions Page(s): 391.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines PSYCHOLOGICAL EVALUATION Page(s): 100.

Decision rationale: As stated on page 100 of the California Medical Treatment Utilization Schedule (MTUS) chronic pain medical treatment guidelines, psychological evaluations are recommended and generally accepted, well-established diagnostic procedures not only with selected use in pain problems, but also with more widespread use in chronic pain populations. Diagnostic evaluations should distinguish between conditions that are preexisting, aggravated by the current injury or work related. Psychosocial evaluations should determine if further psychosocial interventions are indicated. The patient has chronic pain complaints that were recalcitrant to prolonged attempts at conservative care. Therefore, the request for a psychologist consultation is medically necessary.