

Case Number:	CM13-0024776		
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:	09/16/2013

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 & Rehabilitation, 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 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 a 64-year-old female with date of injury 11/14/2011. Per treating physician's report, 07/17/2013, the patient presents with pain in the lumbar spine, left hip, right leg, and right ankle with a diagnoses of lumbar spine sprain/strain, rule out lumbar intervertebral disk, lumbosacral neuritis, and radiculitis. The patient was instructed to continue course of physiotherapy and acupuncture for the next 4 weeks at 2 times per week and also consultation with the psychologist for psychiatric conditions secondary to orthopedic injury. Review of the report show that there is a physical therapy note on 07/17/2013, with treatments from 05/20/2013 to 02/17/2013 for a total number of 9 visitations. The treatments and procedures include ultrasound, therapeutic exercise, isokinetics, ice, TENS, massage, and instruction home exercise. Recommendation was to script H-wave unit for home use as this can provide temporary relief. It also recommended physical therapy at 2 times a week for 4 weeks. Progress shows that previously, the pain level is an 8/10, but currently at 5/10 to 6/10 but can amplify up to 8/10 proportional to activities. Strength improved from 3/5 to 3+/5 with a functional goal of a 5/5 or 100%.

IMR ISSUES, DECISIONS AND RATIONALES

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

PHYSIOTHERAPY ACUPUNCTURE 2 X 4 TO LUMBAR: Upheld

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

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

Decision rationale: This patient presents with chronic low back pain. There is a request for "physiotherapy and acupuncture 2 times a week for 4 weeks" to the lumbar spine. However, review of the reports would show that this patient received physical therapy with various different modalities per therapy report on 07/17/2013. It would appear that the patient had 9 sessions of physical therapy. Review of the reports show only minimal improvement in strength from 3/5 to 3+/5. Range of motion of the lumbar spine did not show appreciable change. The therapist's goal was to reach 5/5 strength. The treating physician has recommended additional physical therapy/acupuncture 2 times a week for 4 weeks. For physical therapy treatments, MTUS Guidelines recommend only 9 to 10 visits for myalgia, myositis, neuritis, radiculitis type of condition that this patient suffers from. Review of the reports did not show that this patient is post-operative, and therefore, maximum of 10 visits of physical therapy sessions would apply for this type of condition unless the treating physician provides compelling rationale for continuing physical therapy. In this case, the issue is that although patient recently received 9 sessions of physical therapy, there has not been appreciable improvement. There has been minimal improvement with the strength, no change in the range of motion. Patient's pain is noted to have reduced but with any activities, pain goes back up to her baseline. The treating physician also does not describe why additional therapy is needed. He does not provide his assessment. This patient presents with chronic low back pain. There is a request for "physiotherapy and acupuncture 2 times a week for 4 weeks" to the lumbar spine. However, review of the reports would show that this patient received physical therapy with various different modalities per therapy report on 07/17/2013. It would appear that the patient had 9 sessions of physical therapy. Review of the reports show only minimal improvement in strength from 3/5 to 3+/5. Range of motion of the lumbar spine did not show appreciable change. The therapist's goal was to reach 5/5 strength. The treating physician has recommended additional physical therapy/acupuncture 2 times a week for 4 weeks. For physical therapy treatments, MTUS Guidelines recommend only 9 to 10 visits for myalgia, myositis, neuritis, radiculitis type of condition that this patient suffers from. Review of the reports did not show that this patient is post-operative, and therefore, maximum of 10 visits of physical therapy sessions would apply for this type of condition unless the treating physician provides compelling rationale for continuing physical therapy. In this case, the issue is that although patient recently received 9 sessions of physical therapy, there has not been appreciable improvement. There has been minimal improvement with the strength, no change in the range of motion. Patient's pain is noted to have reduced but with

CONSULT WITH A PSYCHOLOGIST: Upheld

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 Page(s): 8.

Decision rationale: This patient presents with a chronic low back pain. There is a request for psychology consultation by treating physician, [REDACTED], per his report on 07/17/2013. However, review of the reports showed that the patient has been seeing psychologist. The patient was seen by [REDACTED] on 07/03/2013 with the axis I diagnosis of major depression, single episode and pain disorder. It would also appear that the patient did see [REDACTED] in the past as [REDACTED] provided review of medical records on 02/03/2014. [REDACTED] states that the patient "still requires further individual psychotherapy and ongoing psychiatric medication for depression and insomnia". It would appear that the patient has had psychiatric and psychological treatments. It is not known why [REDACTED] is now asking for consultation with a psychologist when the patient already has a psychologist. The patient has been seen by [REDACTED], who is a psychiatrist, on 07/24/2013 as well. MTUS Guidelines do allow psychological intervention to help manage chronic pain and particularly to address the sequelae of depression and anxiety. It also allows for trial of up to 3 to 6 sessions of cognitive behavioral therapy. In this case, the patient has already been evaluated by a psychiatrist and seen by a psychologist. [REDACTED], current treating physician, does not explain why this patient requires another psychological consultation. MTUS Guidelines page 8 requires that the treating physician provide monitoring of the patient's condition and make appropriate treatments. In this case, [REDACTED] has asked for a request, which has already been carried out. Recommendation is for denial.