

Case Number:	CM13-0026904		
Date Assigned:	03/19/2014	Date of Injury:	04/11/2011
Decision Date:	06/10/2014	UR Denial Date:	09/05/2013
Priority:	Standard	Application Received:	09/20/2013

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 Medicating & 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 reported a date of injury of 04/11/2011. According to the report, the patient complains of low back pain that he rates 6/10 with left lower leg pain which he rates 7/10. Examination shows the patient is alert and in no acute distress. His gait is not antalgic, within normal limits. There is mild tenderness at the L4-L5 level. Motor strength is within normal limits as well as sensory exam is within normal limits. Reflexes to the bilateral knees and ankles were absent. Lasegue's test is negative bilaterally.

IMR ISSUES, DECISIONS AND RATIONALES

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

SIX (6) ADDITIONAL PHYSICAL THERAPY SESSIONS.: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG).

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

Decision rationale: This patient presents with back and left leg pain. The physician is requesting 6 additional physical therapy sessions for the low back and left leg. The MTUS Guidelines page 98 and 99 for physical medicine recommends 8 to 10 visits for myalgia, myositis, and neuralgia

type symptoms. The review of 32 pages of records do not show any recent or prior physical therapy sessions to verify how many treatments or with what results were accomplished. In addition, the UR referenced 8 physical therapy sessions that were completed by the patient as of 06/19/2013. In this case, the requested 6 additional sessions of physical therapy when combined with the previous 8 sessions exceeds MTUS recommendations of 8 to 10. Furthermore, the physician does not discuss the patient's treatment history, what was recently done, how the patient is doing from prior therapy and why additional therapy is needed. Therefore, the request for 6 additional physical therapy sessions is not medically necessary and appropriate.

AQUATIC THERAPY SESSIONS.: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines.

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

Decision rationale: This patient presents with back and left leg pain. The physician is requesting an unknown quantity of aquatic therapy sessions. The MTUS Guidelines recommends aquatic therapy as an option for land-based physical therapy in patients that could benefit from decreased weight-bearing such as extreme obesity. For the number of treatments, MTUS physical medicine section states that 8 to 10 sessions of physical therapy are indicated for various myalgias and neuralgias. The review of 32 pages of records does not show any recent or prior aquatic therapy reports. The utilization review dated 09/05/2013 mentions that the patient has completed 8 physical therapy visits to date. In this case, the MTUS Guidelines allow aqua therapy for patients who cannot tolerate land-based therapy. The physician does not explain why this patient cannot tolerate land-based therapy when the patient has successfully completed 8 physical therapy sessions recently. The patient does not appear to be obese, or postoperative. Furthermore, the physician failed to specify the number of visits for his request. Therefore, the request for aquatic therapy sessions is not medically necessary and appropriate.

ACUPUNCTURE SESSIONS.: 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 back and left leg pain. The physician is requesting acupuncture sessions. The MTUS Guidelines for acupuncture states that it is used as an option when pain medication is reduced or not tolerated and it may be used as an adjunct to physical rehabilitation and/or surgical intervention to hasten functional recovery. In addition, MTUS states that an initial trial of 3 to 6 visits is recommended. Furthermore, treatments may be extended if functional improvement is documented. The 32 pages of records do not show any recent or prior acupuncture therapy reports. However, the utilization review mentions that the patient has received "at least 6 months of acupuncture with transient benefit." In this case, the

patient appears to have trialed acupuncture but documentation of functional improvement was not reported. The physician does not discuss the patient's progress with acupuncture. Furthermore, the physician failed to specify the number of requested additional sessions. Therefore, the request for acupuncture sessions is not medically necessary and appropriate.

NEURONTIN 600MG.: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 18-19.

Decision rationale: This patient presents with back and left leg pain. The physician is requesting Neurontin 600 mg. The MTUS Guidelines page 18 and 19 on Gabapentin (Neurontin®[®], Gabarone[®]ç, generic available) states, "has been shown to be effective for treatment of diabetic painful neuropathy and postherpetic neuralgia and has been considered as a first-line treatment for neuropathic pain." Review of the available progress reports do not discuss how the patient has done with this medication. Review of the utilization review letter indicates that the patient started gabapentin since 5/15/13 with reported worsening of the symptoms. The MTUS Guidelines page 60 for chronic pain states that evaluating the effect of pain relief in relationship to improvements and function and increased activity should be provided with the use of medications. Therefore, the request for Neurontin 600mg is not medically necessary and appropriate.