MAXIMUS Federal Services

Case Number:	CM13-0028967		
Date Assigned:	11/27/2013	Date of Injury:	10/27/2012
Decision Date:	04/01/2014	UR Denial Date:	08/28/2013
Priority:	Standard	Application Received:	09/24/2013

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 is licensed to practice in Illinois. 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:

The patient is a 23-year-old female with diagnoses of low back pain, regional myofascial pain, and chronic pain with mood and sleep disorder, left knee pain. Patient's main complaint is low back pain and left knee pain following a fall at work. On exam the physician noted the patient his gait is nonantalgic. Examination of the lumbar reveals tenderness to palpation in the left upper lumbar paraspinals as well as the lower lumbar paraspinals bilaterally. Noted as part of the plan, the etiology to the lower back pain is likely myofascial in origin. The patient is requesting copy of the left knee and lumbar spine, MRI, starting patient on meloxicam 15 mg daily. The medications this patient is currently on are cyclobenzaprine 10 mg daily, the meloxicam 15 mg daily, and omeprazole 40 mg 1 capsule daily. The patient has had MRI results it was not in the documentation provided.

IMR ISSUES, DECISIONS AND RATIONALES

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

Initial six (6) Sessions of Acupuncture for the low back: Upheld

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

MAXIMUS guideline: Decision based on MTUS Acupuncture Treatment Guidelines,Chronic Pain Treatment Guidelines Page(s): 8-9.

Decision rationale: The patient is a 23-year-old female with diagnosis of back pain, regional myofascial pain, chronic pain with mood sleep disorder, left knee pain. Patient was seen on 11/11/2013 with complaints of low back pain and left knee pain. On exam, the physician noted for low back pain it was present to left-sided low back achy and sharp, 7/10 was the present pain during the office visit, average pain was 7/10 to 8/10. The patient denied any lower extremity weakness, denies numbness or tingling in the lower extremities. Patient noted alleviated factors were medication, and lying down. California Guidelines noted that acupuncture is used as an option when pain medication is reduced or not tolerated, or it might be used as an adjunct to physical rehab to help in functional recover. Guidelines noted time to produce functional improvement is 3 to 6 treatments, frequency should be 1 to 3 times per week, and optima duration is 1 to 2 months. The guidelines note that acupuncture should be used as an adjunct to therapy rehabilitation at this point physical therapy that was requested is non-certified. Therefore, the request for acupuncture is non-certified.

Eight (8) Additional Sessions of Physical Therapy: Upheld

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

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

Decision rationale: The request is non-certified. The patient is a 23-year-old female with a medical diagnosis of low back pain, regional myofascial pain, chronic pain with mood sleep disorder, left knee pain. The patient was seen on 11/11/2013 at this point still had complaints of low back pain and left knee pain. On the documentation provided there was no numerical number noted and no pain assessment to note what the pain level was on the appointment date, the lowest pain level the patient has had, and if any of the medication administration had been helping with the symptoms. California Guidelines do note that physical therapy is recommended, myalgia and myositis, unspecified 9 to 10 visits over 8 weeks, neuralgia, neuritis, and radiculitis, unspecified for 8 to 10 visits over 4 weeks. There was a notation that indicated that the patient had previously had physical therapy for 12 sessions. The outcome of this physical therapy in terms of percentage of pain relief, reduction in pain scale, reduction in medication requirement, improvement in range of motion not stated in the documentation provided, therefore, the request is non-certified.