

Case Number:	CM13-0035564		
Date Assigned:	12/13/2013	Date of Injury:	09/20/2012
Decision Date:	02/21/2014	UR Denial Date:	10/07/2013
Priority:	Standard	Application Received:	10/17/2013

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 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 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 37 year old male with date of injury 9/20/2012. Progress note dated 9/17/2013 reports that the patient has pain in the low back which radiates to the left flank and hip. His pain level is 0-4/10. There are times that he feels good and wants to do hard work and heavy lifting. He is able to do range of motion with very little pain 0-3/10. He has received 16 sessions of acupuncture treatment which decreased pain from 5-7/10 to 0-3/10 with worse pain for the week 4/10 and reduction in medication usage. He reports a 70% improvement after each physical therapy and acupuncture session. The provider believes additional acupuncture is medically necessary due to the chronicity of the patient's pain and for reduction of the misalignment of the herniated disc. He also believes it is medically necessary to have worked conditioning physical therapy to strengthen the patient to return to work both physically and mentally. Treatment goals include: 1) decrease current low back symptoms to 0/10, 2) decrease herniated disc pain and subluxation by strengthening his back muscles with acupuncture, electro stimulation acupuncture, cupping, infrared, massage and moxa therapy 3) improve pain free range of motion of the low back 4) prepare for return to work with near optimal performance. The expected outcome is the ability to return to work with minimal accommodation and pain. Progress note dated 5/31/2013 reports that the claimant complained of pain in the lower back with tingling in the legs and numbness in the feet. Pain was rated at 3-5/10. Pain is relieved with rest. The patient avoids physically exercising because of his pain. On exam lumbar spine range of motion: flexion 60 degrees, extension 20 degrees, side bending 25 degrees bilaterally. Rotation was limited. Tenderness to palpation over the bilateral lumbar paraspinal muscles. A positive straight leg raise on the left in the seated position to 45 degrees. Motor strength was 5/5 and symmetric throughout

IMR ISSUES, DECISIONS AND RATIONALES

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

Acupuncture 1 x 6 weeks: Overturned

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Work hardening/conditioning section Page(s): 125.

MAXIMUS guideline: Decision based on MTUS Acupuncture Treatment Guidelines.

Decision rationale: Acupuncture Medical Treatment Guidelines: These guidelines apply to acupuncture or acupuncture with electrical stimulation when referenced in the clinical topic medical treatment guidelines in the series of sections commencing with 9792.23.1 et seq., or in the chronic pain medical treatment guidelines contained in section 9792.24.2. (c) Frequency and duration of acupuncture or acupuncture with electrical stimulation may be performed as follows: (1) Time to produce functional improvement: 3 to 6 treatments. (2) Frequency: 1 to 3 times per week. (3) Optimum duration: 1 to 2 months. (d) Acupuncture treatments may be extended if functional improvement is documented as defined in Section 9792.20 The treating provider has provided sufficient documentation of benefits from previous acupuncture treatments, and has outlined the goals of having additional acupuncture sessions. These guidelines do support additional acupuncture sessions when there has been benefit, and expected benefit from the additional sessions. The request for acupuncture 1 x 6 weeks is determined to be medically necessary.

Work hardening/conditioning Physical Therapy 2 x 5 weeks for the Lumbar: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Work hardening/conditioning Page(s): 125,126.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Work hardening/conditioning Page(s): 125,126.

Decision rationale: The requesting physician reports a 70% improvement in symptoms and continued improvement following each acupuncture and physical therapy session. The claimant appears motivated, and reporting in 9/2013 that he feels good enough some days that he wants to exert himself and work hard, in contrast to in 5/2013 when he was afraid to exercise due to pain. The request for work conditioning physical therapy 2x5 weeks for the lumbar is determined to not be medically necessary.