

Case Number:	CM13-0036216		
Date Assigned:	12/13/2013	Date of Injury:	03/19/2001
Decision Date:	02/24/2014	UR Denial Date:	09/25/2013
Priority:	Standard	Application Received:	10/18/2013

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 Internal Medicine and Cardiology and is licensed to practice in Texas. 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 61-year-old female who reported an injury on 03/19/2001 due to cumulative trauma while performing normal job duties. The patient developed chronic low back pain that was managed by medications. The patient's most recent clinical evaluation noted that an attempt was being made to wean the patient off of narcotic medications. Physical findings included low back pain rated at an 8/10. Objective findings included tenderness to palpation over the bilateral paraspinal musculature with a positive straight leg raising test bilaterally and limited range of motion secondary to pain. The patient's diagnoses included lumbar degenerative disc disease and lumbar myofasciitis. The patient's treatment plan included physical therapy and acupuncture in an attempt to reduce medication usage.

IMR ISSUES, DECISIONS AND RATIONALES

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

Acupuncture (2 times per week for 3 weeks): Overturned

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

MAXIMUS guideline: Decision based on MTUS Acupuncture Treatment Guidelines.

Decision rationale: The requested acupuncture 2 times a week for 3 weeks is medically necessary and appropriate. The clinical documentation submitted for review does provide

evidence that an attempt to wean the patient off of high doses of narcotic medications is being made by the treating physician. The California Medical Treatment Utilization Schedule does recommend the use of acupuncture to assist with medication reduction. The California Medical Treatment Utilization Schedule also recommends a 6 visit clinical trial to establish efficacy of this treatment modality. The requested 6 visits do not exceed this recommendation. As such, the requested acupuncture 2 times per week for 3 weeks is medically necessary and appropriate.

Physical therapy (2 times per week for 4 weeks): Upheld

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

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

Decision rationale: The requested physical therapy 2 times a week for 4 weeks is not medically necessary or appropriate. The clinical documentation submitted for review does indicate that the patient previously participated in physical therapy. The California Medical Treatment Utilization Schedule recommends that patients be transitioned into a home exercise program to maintain improvement levels obtained during supervised skilled therapy. The clinical documentation submitted for review does not provide any evidence that the patient is participating in a home exercise program. Therefore, a short course of treatment may be indicated for this patient. However, the requested 2 times per week for 4 weeks would be considered excessive. As such, the requested physical therapy 2 times per week for 4 weeks is not medically necessary or appropriate.