

Case Number:	CM13-0043129		
Date Assigned:	12/27/2013	Date of Injury:	07/11/2013
Decision Date:	02/27/2014	UR Denial Date:	10/08/2013
Priority:	Standard	Application Received:	10/22/2013

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 Orthopedic Surgery, 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:

This 53-year-old female was injured on 7/11/13, and is being treated for back pain related to a lifting injury. An MRI was performed, which demonstrated degenerative changes. The records provided documented that the claimant has undergone 12 physical therapy sessions.

IMR ISSUES, DECISIONS AND RATIONALES

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

6 sessions of physical therapy: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines

Decision rationale: California MTUS Guidelines do not adequately address this issue. If one looks towards the Official Disability Guidelines, 10 visits are appropriate for the diagnosis of lumbar sprains and strains. This claimant has already undergone 12 sessions in therapy and should be able to work on a home exercise program. Additional sessions of therapy would not be considered medically appropriate based upon the Official Disability Guidelines.

eight sessions of acupuncture: Upheld

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

MAXIMUS guideline: Decision based on MTUS Acupuncture Treatment Guidelines.

Decision rationale: The California MTUS Acupuncture Guidelines support a trial of acupuncture of three to six treatments. Additional treatments may be certified only if functional improvement is documented. Therefore, eight sessions of acupuncture could not be certified.

an H-Wave unit for home use: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 114, 117-118.

Decision rationale: The California MTUS Chronic Pain Guidelines support a one month trial of an H wave stimulator as an adjunct to a program of evidence based restoration. The trial can begin only following failure of physical therapy, medications, and use of a TENS unit. This claimant has not yet tried a TENS unit. Therefore, an H wave stimulator cannot be certified in this case.