

Case Number:	CM13-0049274		
Date Assigned:	12/27/2013	Date of Injury:	10/01/2010
Decision Date:	03/24/2014	UR Denial Date:	11/05/2013
Priority:	Standard	Application Received:	11/07/2013

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, 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 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 patient is a 68-year-old female who sustained a work-related injury on 10/1/10. The listed diagnoses are status post L3-S1 decompression and fusion on 10/5/10, L2-L3 retrolisthesis and fracture with collapse and herniated nucleus pulposus, lateral leg weakness and numbness, bladder and bowel dysfunction, cervical pain secondary to walker use, bilateral shoulder pain from overuse due to walker use, depression and anxiety, insomnia, sexual dysfunction, and status post L2-S1 revision decompression and fusion dated 12/13/12. According to a report dated 10/22/13, the patient is still recovering from her spine surgery with continued weakness and pain in her left lower extremity more than the right. She also complains of neck pain rated at 4/10 and rates her low back pain at 5/10. Examination of the upper and lower back reveals flexed and forward above 15 degrees, and flexion in the standing position at 30 degrees. Straight leg raise test was positive on the right and left. The patient walks with a very slow gait.

IMR ISSUES, DECISIONS AND RATIONALES

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

12 sessions of acupuncture: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines.

Decision rationale: The MTUS guidelines for acupuncture recommend acupuncture for pain and the restoration of function. The recommendation is 3-6 treatments to produce functional improvement, 1-3 times per week with optimum duration of 1-2 months. Acupuncture treatments may be extended if functional improvement is documented. Given the patient's continued pain, a trial of acupuncture may be warranted at this time. However, the requested 12 sessions exceeds what is recommended by MTUS guidelines. Therefore, the request is denied.

12 physical therapy sessions: Upheld

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

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

Decision rationale: For physical medicine, the MTUS guidelines recommend 9-10 visits over eight weeks for myalgia, myositis, and neuralgia type symptoms. The medical records show that this patient received 18 physical therapy sessions in the form of combined pool and land therapy dating from 6/11/13. In this case, the requested additional 12 sessions exceeds what is recommended by MTUS Guidelines. Therefore, the request is denied.