

Case Number:	CM13-0057342		
Date Assigned:	12/30/2013	Date of Injury:	05/26/2012
Decision Date:	03/21/2014	UR Denial Date:	10/28/2013
Priority:	Standard	Application Received:	11/25/2013

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 Pain Management 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 is a male patient with the date of injury of May 26, 2012. A utilization review determination dated October 28, 2013 recommends non-certification of additional physical therapy x 6 visits and acupuncture x 6 for flaring low back pain. The previous reviewing physician recommended non-certification of additional physical therapy x 6 visits due to lack of documentation of objective improvement with previous treatment, a statement identifying why an independent home exercise program would be insufficient to address any remaining functional deficits, and the patient having undergone 20 PT sessions, which exceeds PT guidelines; and non-certification of acupuncture x 6 due to lack of documentation of objective improvement with previous treatment, functional goals, and the number of sessions completed to date. A PR-2 Report dated December 5, 2013 identifies complaints of bilateral leg pain and pain in the testicular regions bilaterally. PT has been of some benefit increasing lumbar ROM. Objective Findings identify LS ROM is 50% of expected. AJ trace on left/AJ absent on right. Diagnoses include multilevel lumbar disc disease/congenital lumbar stenosis, lumbar radicular symptoms, and testicular pain. Treatment Plan identifies Ortho-Spine consultation and 6 more visits of PT for flaring low back pain.

IMR ISSUES, DECISIONS AND RATIONALES

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

Additional physical therapy x 6 visits: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Passive Therapy Page(s): 98-99. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG),TWC, Preface/Physical Therapy(online version), Official Disability Guidelines (ODG),Low Back.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 298,Chronic Pain Treatment Guidelines Page(s): 98.

Decision rationale: Regarding the request for additional physical therapy x 6 visits, Chronic Pain Medical Treatment Guidelines recommend a short course of active therapy with continuation of active therapies at home as an extension of the treatment process in order to maintain improvement levels. ODG has more specific criteria for the ongoing use of physical therapy. ODG recommends a trial of physical therapy. If the trial of physical therapy results in objective functional improvement, as well as ongoing objective treatment goals, then additional therapy may be considered. Within the documentation available for review, there is documentation that previous PT improved ROM. The records identify that 20 PT sessions have been completed. There is no documentation of specific ongoing objective treatment goals and no statement indicating why an independent program of home exercise would be insufficient to address any remaining objective deficits. In the absence of such documentation, the current request for additional physical therapy x 6 visits is not medically necessary.

Acupuncture x 6: Upheld

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

MAXIMUS guideline: Decision based on MTUS Acupuncture Treatment Guidelines,Chronic Pain Treatment Guidelines Acupuncture. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG)

Decision rationale: Regarding the request for acupuncture x 6, California MTUS does support the use of acupuncture for chronic pain, with additional use supported when there is functional improvement documented, which is defined as "either a clinically significant improvement in activities of daily living or a reduction in work restrictions... and a reduction in the dependency on continued medical treatment." A trial of up to 6 sessions is recommended, with up to 24 total sessions supported when there is ongoing evidence of functional improvement. Within the documentation available for review, there is no documentation of functional improvement with prior acupuncture treatment. Additionally, the number of sessions previously utilized is not documented and functional goals are not identified. In the absence of such documentation, the currently requested acupuncture x 6 is not medically necessary