MAXIMUS Federal Services

Case Number:	CM13-0061612		
Date Assigned:	01/08/2014	Date of Injury:	04/16/2013
Decision Date:	04/15/2014	UR Denial Date:	11/25/2013
Priority:	Standard	Application Received:	12/05/2013

HOW THE IMR FINAL DETERMINATION WAS MADE

MAXIMUS Federal Services sent the complete case file to an expert reviewer. He/she has no affiliation with the employer, employee, providers or the claims administrator. The expert reviewer is Board Certified in Physical Medicine & Rehabilitation, has a subspecialty in California and is licensed to practice in Pain Medicine. 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 expert 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 injured worker is a 53-year-old claimant with a date of injury on April 16, 2013. The mechanism of injury occurred when pulling a patient up in bed and the injured worker sustained low back injury which has become chronic. There is associated lumbar radiculopathy with pain radiating into the right leg. Conservative therapies to date have included 18 sessions of physical therapy and 18 sessions of acupuncture. The patient had reported benefit from both the physical therapy and the acupuncture in terms of analgesic effect and functional benefit. The disputed issue is an additional request for 6 sessions of acupuncture and 6 sessions of physical therapy. A utilization review determination had denied these requests. The reviewer had stated that there is "limited documentation of attempts at self-management of symptoms, or significant change in status as a result of a noted flare-up." Further, "specific details regarding sustained functional benefit with previous care are not clearly outline." Finally, the reviewer also pointed to the fact that the patient should be well-versed in a home exercise program.

IMR ISSUES, DECISIONS AND RATIONALES

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

Continued acupuncture sessions (lumbar) 1x6: Upheld

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

MAXIMUS guideline: Decision based on MTUS Acupuncture Treatment Guidelines.

Decision rationale: The Expert Reviewer based his/her decision on the Acupuncture Medical Treatment Guidelines. The Expert Reviewer's decision rationale: In the case of this injured worker, a progress update on September 19, 2013 by the acupuncturist documents that the patient has completed a 3rd set of 6 acupuncture treatments. The pain has been reduced and referred pain is gone with occasional numbness in the right leg. The patient is noted to feel "more functional than when we began treatment." However, there is no documentation of a clinically significant improvement in activities of daily living or a reduction in work restrictions. The latest progress note by the requesting healthcare provider on December 2013 indicates that the patient is still off work and plans to return to work in the New Year. Given that the functional improvement does not meet the definition as per section 9792.20, this request is recommended for non certification.

Continued physical therapy (lumbar) 1x6: Upheld

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

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

Decision rationale: The Expert Reviewer's decision rationale: In the case of this injured worker, there is documentation that the patient has completed 18 sessions of physical therapy to date. With this number of sessions, the patient should be well-versed in a home exercise program. There is no documentation that the patient has adequately trial self-directed home exercises as recommended by guidelines. The request for additional physical therapy at this time is recommended for non certification.