MAXIMUS Federal Services

Case Number:	CM13-0066790		
Date Assigned:	01/03/2014	Date of Injury:	02/06/2013
Decision Date:	04/22/2014	UR Denial Date:	11/27/2013
Priority:	Standard	Application Received:	12/17/2013

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 Internal Medicine, has a subspecialty in Pulmonary Diseases 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 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 patient is a 46-year-old female who reported an injury on 02/06/2013. The mechanism of injury was not specifically stated. The patient is currently diagnosed with facet osteoarthropathy at L3 through S1 and protrusions at L3 through S1 without significant neural encroachment. The patient was seen by [redacted] on 07/22/2013. The patient reported 9/10 lower back pain with right lower extremity symptoms as well as 5/10 chest wall pain. Physical examination on that date revealed tenderness to palpation of the lumbar spine with decreased range of motion and positive straight leg raising. Treatment recommendations included physical therapy to the lumbar spine three times per week for four weeks, acupuncture treatment twice per week for four weeks to the lumbar spine, a lumbar support pillow, and an interferential unit.

IMR ISSUES, DECISIONS AND RATIONALES

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

CONTINUE PHYSICAL THERAPY FOR THE LUMBAR SPINE QTY: 12.00: 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: The California Medical Treatment Utilization Schedule (MTUS) Guidelines state active therapy is based on the philosophy that therapeutic exercise and/or activity are beneficial for restoring flexibility, strength, endurance, function, range of motion, and can alleviate discomfort. For myalgia and myositis, Guidelines allow for nine to ten visits over eight weeks. For neuralgia, neuritis, and radiculitis, Guidelines allow for eight to ten visits over four weeks. The current request for twelve sessions of physical therapy to the lumbar spine exceeds Guideline recommendations. It is also noted, the patient's physical examination only revealed tenderness to palpation with slightly diminished range of motion. Documentation of a previous course of physical therapy was not provided for review. Based on the clinical information received, the request to Continue Physical Therapy, Lumbar Spine, QTY: 12.00 is non-certified.

CONTINUED ACUPUNCTURE FOR THE LUMBAR SPINE QTY 12.00: Upheld

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

MAXIMUS guideline: Decision based on MTUS Acupuncture Treatment Guidelines.

Decision rationale: The California Medical Treatment Utilization Schedule (MTUS) Guidelines state acupuncture is used as an option when pain medication is reduced or not tolerated, and may be used as an adjunct to physical rehabilitation and/or surgical intervention. The time to produce functional improvement includes 3 to 6 treatments. Acupuncture treatment may be extended if functional improvement is documented. The current request for twelve sessions of acupuncture treatment exceeds Guideline recommendations. There was no documentation of a previous course of acupuncture therapy with evidence of objective functional improvement provided for review. Therefore, ongoing treatment cannot be determined as medically appropriate. As such, the request to Continue Acupuncture, Lumbar Spine QTY: 12.00 is non-certified.