

Case Number:	CM14-0002442		
Date Assigned:	01/24/2014	Date of Injury:	03/31/2006
Decision Date:	04/28/2014	UR Denial Date:	12/23/2013
Priority:	Standard	Application Received:	01/07/2014

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 and Rehabilitation, has a subspecialty in Sports Medicine and is licensed to practice in Texas. 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 35-year-old female who reported an injury on 03/31/2006. The mechanism of injury was not stated. The patient is diagnosed as status post lumbar spine laminectomy with residual pain, anxiety disorder, and mood disorder. A request for authorization was submitted by [REDACTED] on 11/19/2013 for 18 sessions of physical therapy, an unknown amount of chiropractic therapy, 18 sessions of acupuncture treatment, and a physician follow-up visit. However, the latest physician's progress report submitted by [REDACTED] is documented on 09/10/2013. The patient reported persistent pain in the lower back with radiation to bilateral lower extremities. Physical examination on that date revealed decreased range of motion, tenderness to palpation, diminished sensation over the L4 through S1 dermatomes, decreased strength in bilateral lower extremities, and 2+ deep tendon reflexes. The treatment recommendations at that time included physical therapy and acupuncture treatment as well as massage therapy for the lumbar spine 3 times per week for 6 weeks.

IMR ISSUES, DECISIONS AND RATIONALES

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

EIGHTEEN (18) SESSIONS OF PHYSICAL THERAPY: Upheld

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

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

Decision rationale: The California 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. Guidelines allow for a fading of treatment frequency plus active self-directed home physical medicine. The treatment for myalgia and myositis includes 9 to 10 visits over 8 weeks. The current request for eighteen (18) sessions of physical therapy greatly exceeds Guideline recommendations. Therefore, the request is non-certified.

**ONE REQUEST FOR UNKNOWN FREQUENCY, AMOUNT AND DURATION
CHIROPRACTIC:** Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines (May 2009).

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Manual Therapy & Manipulation Page(s): 58.

Decision rationale: This is a non-specific request that does not include the specific body part, frequency, or duration of treatment. Therefore, the request for one (1) request for unknown frequency, amount and duration of chiropractic services is not medically appropriate and is non-certified.

EIGHTEEN (18) 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 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. The current request for 18 sessions of acupuncture treatment greatly exceeds Guideline recommendations. Therefore, the request is not medically appropriate. As such, the request for eighteen (18) sessions of acupuncture is non-certified.

FOLLOW UP VISIT WITH ORTHOPEDIC DOCTOR [REDACTED]: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 303.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 303.

Decision rationale: The California MTUS/ACOEM Practice Guidelines state physician follow-up can occur when a release to modified, increased, or full duty is needed, or after appreciable healing or recovery can be expected. As per the documentation submitted, there is no evidence of a significant change or progression of the patient's symptoms. There was no Physician's Progress Report submitted on the requesting date. The medical necessity for the ongoing treatment by an orthopedic physician has not been established. Therefore, the request for one (1) follow-up visit with orthopedic doctor ([REDACTED]) is non-certified.