

Case Number:	CM14-0004283		
Date Assigned:	02/05/2014	Date of Injury:	12/17/2010
Decision Date:	06/20/2014	UR Denial Date:	12/31/2013
Priority:	Standard	Application Received:	01/10/2014

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 & Rehabilitation, has a subspecialty in Interentional 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 38-year-old female with date of injury 12/17/2010. According to the progress report of 12/23/2013, this patient presents with chronic low back pain, bilateral radiculopathy, the right side greater than left. With a visual analogue scale that is 7, symptoms are alleviated by medications, acupuncture; worsened by standing, bending at waist. The imaging studies of the lumbar spine reads shallow disc bulge at L4-L5 and L5-S1. Listed diagnostic impressions are scattered lumbar spondylosis minimal to mild in degree at L4-L5, L5-S1. Under assessment and plan, the patient reports chronic axial low back pain radiating to left lower extremity and posterior distribution and tingling in the right lower extremity posterior distribution, previous epidural steroid injection with mixed response. The patient was to be scheduled for interlaminar epidural steroid injection under fluoroscopic guidance, pending occupational medicine approval and continue pain medication as prescribed. Report dated 11/26/2013 shows "Refill acupuncture treatments 2 times a week for 6 weeks for back pain control. Acupuncture has decreased her pain and improved her function when authorized and scheduled." Request was also for "Water therapy 2 times a week for 6 minutes. Water therapy will allow her to strengthen her back and knee without further injuring her knee. BMI equals 46." A 10/14/2013 report by [REDACTED] states that the patient experienced some improvement on back pain with acupuncture treatment. She has 1 more treatment remaining. The patient apparently had 12 visits authorized. The patient has mild to moderate baseline low back pain, becomes severe with bending, lifting, pain radiates into both legs. She cannot do housework that requires squatting like cleaning her tub. Procedure requests were acupuncture 12 sessions, water therapy 12 sessions, and MRI of the left knee and interventional anesthesia consult for back pain. The requests were denied by utilization review letter 12/31/2013.

IMR ISSUES, DECISIONS AND RATIONALES

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

ACUPUNCTURE 2 TIMES 6 FOR BACK PAIN: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation MTUS: ACUPUNCTURE MEDICAL TREATMENT GUIDELINES, ,

MAXIMUS guideline: Decision based on MTUS Acupuncture Treatment Guidelines.

Decision rationale: This employee presents with chronic low back and knee pain. The request is for additional acupuncture 2 times a week for 6 weeks. Review of the report shows that the employee has minor bulging discs at the lumbar spine at L4-L5, L5-S1 from MRI report 09/24/2013. MRIs of the bilateral knees from 12/19/2013 were unremarkable and limited by obesity. MTUS Guidelines for acupuncture allow for acupuncture treatments to address chronic low back and knee pains. Initial trial of 3 to 6 sessions are recommended followed by additional treatments if functional improvement has been demonstrated. In this employee, the employee has had 12 sessions of acupuncture trial, and the treating physician states "some improvement" from these treatments. Functional improvements according to labor code 9792.20 is defined by significant improvement of activities of daily living or change in work status and reduction of dependence on medical treatments. Documentation of "some improvement" does not constitute significant pain reduction or functional improvement. Given the lack of documentation of functional improvement, recommendation is for denial.

WATER THERAPY 2 TIMES 6 FOR THE BACK AND LEFT KNEE: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines CHRONIC PAIN MEDICAL TREATMENT GUIDELINES, SECTIONS AQUATIC THERAPY AND PHYSICAL MEDICINE Page(s).

Decision rationale: This employee presents with chronic low back and left knee pain with MRI demonstrating minor disc bulges at L4-L5, L5-S1, and unremarkable MRIs of the bilateral knees. The request is for water therapy 2 times a week for 6 weeks and the treating physician indicates that the employee's body mass index is 46 with morbid obesity. MTUS Guidelines do support water therapy for patients that are extremely obese, where reduction of weight bearing is desired. However, for a number of treatments, it recommends up to 10 visitations for myalgia, myositis, neuritis, neuralgia type of condition. The current request for 12 sessions exceeds what is allowed by MTUS Guidelines for a number of treatments. Given the lack of water therapy trial, a short course may be reasonable but the current request for 12 sessions exceeds what is allowed by MTUS Guidelines. Recommendation is for denial.

