

Case Number:	CM14-0101188		
Date Assigned:	08/27/2014	Date of Injury:	09/17/2012
Decision Date:	09/25/2014	UR Denial Date:	06/12/2014
Priority:	Standard	Application Received:	07/01/2014

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 and Pain Medicine, 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 injured worker is a 50-year-old male who reported an injury after he fell on 09/17/2012. Clinical note dated 07/23/2014 indicated diagnoses of lumbar derangement, lumbar disc displacement, and status post surgery to lumbar spine. The injured worker reported low back pain with severity of 10/10 with throbbing, numbness that radiated to bilateral low extremity, left side greater than right side. Physical examination of the lumbar spine flexion was 10 degrees, extension was 0 degrees, left lateral bending was 5 degrees, right lateral bending was 5 degrees, and decreased range of motion with pain. The injured worker's treatment plan included medical creams. The injured worker denies any surgical history. The injured worker's prior treatments include physical therapy, acupuncture, and medication management. The injured worker's medication regimen included Norco, Xanax, gabapentin, and Flexeril. The provider submitted a request for acupuncture, urine toxicology, and an orthopedic consultation. A Request for Authorization was not submitted for review to include the date the treatment was requested.

IMR ISSUES, DECISIONS AND RATIONALES

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

Physical therapy one to two visits per week for six weeks to the lumbar spine.: Upheld

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

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

Decision rationale: The request for Physical therapy one to two visits per week for six weeks to the lumbar spine is not medically necessary. The California MTUS state that active therapy is based on the philosophy that therapeutic exercise and/or activity are beneficial for restoring flexibility, strength, endurance, function, range of motion. Guidelines allow for a fading of treatment frequency plus active self-directed home physical medicine. There is a lack of documentation indicating the injured workers prior course of physical therapy as well as the efficacy of the prior therapy. In addition, the amount of physical therapy visits that have already been completed to warrant additional therapy is not indicated. Therefore, the request is not medically necessary.

Acupuncture visits one time per week for six weeks.: Upheld

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

MAXIMUS guideline: Decision based on MTUS Acupuncture Treatment Guidelines.

Decision rationale: The request for Acupuncture visits one time per week for six weeks is not medically necessary. The guidelines note acupuncture is used as an option when pain medication is reduced or not tolerated. It may be used as an adjunct to physical rehabilitation and/or surgical intervention to hasten functional recovery. Acupuncture can be used to reduce pain, reduce inflammation, increase blood flow, increase range of motion, decreased side effects of medication-induced nausea, promote relaxation in an anxious patient and reduce muscle spasms. The time to produce effect includes 3 to 6 treatments with a frequency of 1 to 3 times per week. An optimum duration includes 1 to 2 months. Acupuncture treatments may be extended if functional improvement is documented. The injured worker has had previous acupuncture; however, there is a lack of clinical documentation indicating the injured worker did not tolerate medications or a reduction of pain medications. In addition, the request for acupuncture visits does not indicate a body part for the acupuncture. In addition, there is lack of documentation of efficacy and functional improvement with the acupuncture the injured worker previously had. Therefore, the request for acupuncture is not medically necessary.

Urine toxicology.: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Chronic Pain Medical Treatment Guidelines. Decision based on Non-MTUS Citation ODG-TWC Pain Procedure Summary.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Urine Drug Test Page(s): 43.

Decision rationale: The request for Urine toxicology is not medically necessary. The CA MTUS guidelines recommend drug testing as an option, using a urine drug screen to assess for the use or

the presence of illegal drugs including the aberrant behavior and opioid monitoring to rule out non-compliant behavior. Documentation provided did not indicate the injured worker displayed any aberrant behavior, drug seeking behaviors, or whether the injured worker was suspected of illegal drug use. In addition, it was indicated the injured worker underwent a urine drug screen 05/01/2014. However, those results were not made available for review. The request for Urine toxicology is not medically necessary.

Orthopedic Consultation.: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation ODG-TWC Low Back Procedure Summary.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Low Back, Office Visit.

Decision rationale: The request for Orthopedic Consultation is not medically necessary. The Official Disability Guidelines state Office visits are recommended as determined to be medically necessary. Evaluation and management (E&M) outpatient visits to the offices of medical doctor(s) play a critical role in the proper diagnosis and return to function of an injured worker, and they should be encouraged. The need for a clinical office visit with a health care provider is individualized based upon a review of the patient concerns, signs and symptoms, clinical stability, and reasonable physician judgment. The provider did not indicate a rationale for the request. In addition, the documentation provided did not discuss an orthopedic consultation. Moreover, the MRI was not provided for review. Therefore, the request for Orthopedic Consultation is not medically necessary.