

Case Number:	CM14-0012336		
Date Assigned:	02/21/2014	Date of Injury:	09/27/2013
Decision Date:	08/01/2014	UR Denial Date:	01/23/2014
Priority:	Standard	Application Received:	01/30/2014

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 Occupational 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 patient is a 48-year-old male who has submitted a claim for lumbar disc bulge with radiculitis and left L4-5 radiculopathy, and lumbar disc degeneration and stenosis associated with an industrial injury date of 09/27/2013. Medical records from 11/18/2013 to 02/19/2014 were reviewed and showed that patient complained of chronic low back pain graded 7/10 with associated numbness and radiation down the left leg . Physical examination revealed severe spasm of the lumbar spine. Decreased lumbar ROM in all planes of movement was noted. DTRs of bilateral lower extremities were absent. EMG-NCV study of the lower extremities dated 01/23/2014 revealed moderate, acute on chronic left L4-5 radiculopathy. MRI of the lumbar spine with and without load bearing dated 11/01/2013 revealed disc desiccation at T11-T12 down to L5-S1, degenerative changes at the superior end plate of L2 and L5, and spinal stenosis of L1-15. MRI of the lumbar spine dated 10/2012 revealed annular tear of L4-5 and borderline bilateral lateral recess obliteration of L2-3 and L3-4. Treatment to date has included physical therapy, home exercise program, and pain medications and patches. Utilization review, dated 01/23/2014, denied the request for twelve visits of acupuncture two times a week for six weeks because it was not clear of the request is for initial or additional acupuncture treatment. Utilization review, dated 01/23/2014, denied the request for eight visits of physical therapy two times a week for four weeks with work hardening because there was no statement identifying why an independent home exercise program would be insufficient to address any remaining functional deficits.

IMR ISSUES, DECISIONS AND RATIONALES

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

2xweek x6 weeks start acupuncture: Upheld

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

MAXIMUS guideline: Decision based on MTUS Acupuncture Treatment Guidelines.

Decision rationale: According to the CA MTUS Acupuncture Medical Treatment Guidelines, acupuncture may be used as an option when pain medication is reduced or not tolerated or as an adjunct to physical rehabilitation and/or surgical intervention to hasten functional recovery. Acupuncture can be used to reduce pain, reduce inflammation, and reduce muscle spasms. In this case, there was no documentation of active participation by the patient in a functional restoration program such as HEP. Acupuncture should only be used as an adjunct to hasten recovery. The request likewise failed to specify the body part to be treated. Therefore, the request for 2XWEEK X6 WEEKS START ACUPUNCTURE is not medically necessary.

Physical therapy 2xweek x4weeks with work conditioning: 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 Physical Medicine and Work Conditioning/Work Hardening Sections Page(s): 98-99 and 125.

Decision rationale: According to pages 98-99 of the CA MTUS Chronic Pain Medical Treatment Guidelines, patients are instructed and expected to continue active therapies at home as an extension of the treatment process in order to maintain improvement levels. Physical medicine guidelines allow for fading of treatment frequency from up to 3 visits per week to 1 or less plus active self-directed home physical medicine. According to page 125 of CA MTUS Chronic Pain Medical Treatment Guidelines, some of the criteria for admission in the work hardening program include: (1) Work related musculoskeletal condition with functional limitations precluding ability to safely achieve current job demands, (2) After treatment with an adequate trial of physical or occupational therapy with improvement followed by plateau, and (3) Not a candidate where surgery or other treatments would clearly be warranted to improve function. In this case, the patient has already completed 36-38 visits of physical therapy. It is unclear as to why the patient cannot self-transition into HEP. The request likewise failed to mention the body part to be treated. Regarding work hardening, the patient does not fit in the aforementioned criteria. Therefore, the request for PHYSICAL THERAPY 2XWEEK X4WEEKS WITH WORK CONDITIONING is not medically necessary.