

Case Number:	CM14-0122131		
Date Assigned:	09/25/2014	Date of Injury:	05/21/2013
Decision Date:	12/04/2014	UR Denial Date:	07/03/2014
Priority:	Standard	Application Received:	08/01/2014

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 & Rehabilitation and is licensed to practice in Illinois. 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 39-year-old female who reported an injury on 05/21/2013 due to cumulative trauma. The diagnoses were degenerative disc disease, lumbar; cervicalgia; myofascial pain; sciatica; physical examination dated 06/17/2014 revealed the pain severity to be 6/10. It was reported that the problem was worsening. Location of pain was in the lower back. It was reported that the pain radiated to the left calf and left foot. The injured worker had shoulder surgery on 03/07/2014. Past treatments were medications, acupuncture, and 15 sessions of physical therapy. It was reported that there was active painful range of motion with no limiting factors of the lumbar spine. Patrick/FABER test on the right was negative and on the left it was negative. Straight leg raise on the right revealed back pain only and on the left revealed back pain only. It was also reported that motion was without pain, crepitus, or evident instability of the lumbar spine. Medication reported was ibuprofen. The rationale and Request for Authorization were not submitted.

IMR ISSUES, DECISIONS AND RATIONALES

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

12 Acupuncture visits for the low back: Upheld

Claims Administrator guideline: Decision based on MTUS Acupuncture Treatment Guidelines. Decision based on Non-MTUS Citation Official Disabilities Guidelines (Acupuncture Guidelines)

MAXIMUS guideline: Decision based on MTUS Acupuncture Treatment Guidelines.

Decision rationale: The decision for 12 acupuncture visits for the low back is not medically necessary. The California Medical Treatment Utilization Schedule Guidelines state that acupuncture is used as an option when pain medication is reduced or not tolerated and it is recommended 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, decrease side effect of medication induced nausea, promote relaxation in an anxious patient, and reduce muscle spasm. The time to produce functional improvement is 3 to 6 treatments and acupuncture treatments may be extended if functional improvement is documented including either a clinically significant improvement in activities of daily living or reduction in work restrictions. Examination of the lumbar spine revealed that spasm was absent and motion was without pain, crepitus, or evident instability. Patrick/FABER test was negative bilaterally. Straight leg raise initiated back pain only bilaterally. There were no significant factors provided to justify 12 acupuncture visits for the low back. The medical guidelines state time to produce functional improvement is 3 to 6 treatments. The request submitted exceeds the recommended 3 to 6 treatments. There were no other significant factors to justify the decision for 12 acupuncture visits for the low back. Therefore, this request is not medically necessary.

12 physical therapy visits for the low back: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Page(s): 114. Decision based on Non-MTUS Citation Official Disability Guidelines (Lumbar), Postsurgical Treatment Guidelines, Low back

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

Decision rationale: The decision for 12 physical therapy visits for the low back is not medically necessary. The California Medical Treatment Utilization Schedule states physical medicine with passive therapy can provide short term relief during the early phases of pain treatment and are directed at controlling symptoms such as pain, inflammation, and swelling, and to improve the rate of healing soft tissue injuries. The medical guidelines also 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, and can alleviate discomfort. Active therapy requires an internal effort by the individual to complete a specific exercise or task. Injured workers are instructed and expected to continue active therapies at home as an extension of the treatment process in order to maintain improvement levels. There was a lack of documentation indicating the injured worker's prior course of physical therapy, as well as the efficacy of the prior therapy. Injured workers are instructed and expected to continue active therapies at home as an extension of the treatment process in order to maintain improvement levels. In addition, the rationale for the submitted request was not provided. There were no significant objective functional deficits reported. Therefore, this request is not medically necessary.

