

Case Number:	CM14-0133181		
Date Assigned:	08/22/2014	Date of Injury:	03/14/2012
Decision Date:	11/03/2014	UR Denial Date:	08/07/2014
Priority:	Standard	Application Received:	08/20/2014

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 Family Practice and is licensed to practice in Mississippi and 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 injured worker is a 53-year-old male who reported an injury on 03/14/2012 due to heavy lifting duties as a truck driver. The diagnosis is right spine lumbago. Past medical treatments included medial branch block, radiofrequency ablation, physical therapy, medications, and epidural steroid injection. Diagnostic studies included an MRI of the lumbar spine with and without contrast on 06/10/2014. The injured worker underwent laminoforaminotomy of L4-5, L5-S1, and microlumbar discectomy of L5-S1 in 12/2013. The injured worker complained of lower back pain and testicular pain on 08/01/2014. The physical examination of the lumbosacral region revealed there was some mild palpable tenderness, and increased tension along the right lumbar paraspinals. The range of motion revealed lumbar flexion was mildly restricted, as well as side bending bilaterally, due to a combination of tightness and soreness in the right lower back. Extension was moderately restricted due to right low back pain. There was also slight discomfort over the pubic bone and tightness in the hip abductors and flexors bilaterally, worse on the right side. Medications included Flexeril. The treatment plan was for acupuncture 1x6. The rationale for the request was not submitted. The Request for Authorization form was not submitted.

IMR ISSUES, DECISIONS AND RATIONALES

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

Acupuncture 1 x 6: 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 1 x 6 is not medically necessary. The injured worker complained of right low back pain and right testicular pain. The California MTUS Acupuncture Guidelines state up to 3-6 initial sessions of acupuncture is recommended for injured workers 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. The injured worker has no significant functional deficits in range of motion or motor strength documented in physical examination. There is lack of documentation that medications have been reduced or not tolerated. In addition, there is lack of documentation as to the site of therapy. Therefore, the request for Acupuncture 1 x 6 is not medically necessary.

Physical Therapy 2 x 6: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Manual therapy & Manipulation.

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

Decision rationale: The request for Physical Therapy 2 x6 is not medically necessary. Range of motion of the lumbar spine showed mild restrictions, as well as bending bilaterally, due to combination of tightness and soreness in the right lower back. The California MTUS guidelines recommend allowing for the fading of treatment frequency (from up to 3 visits per week to 1 or less), plus participation in an active self-directed home physical medicine program. The guidelines recommend 9-10 sessions of physical therapy over 8 weeks. There is a lack of documentation indicating the total number of sessions of physical therapy the injured worker has completed; however, it was noted he had previously been approved for 12 visits. There is a lack of documentation of initial or interim evaluations to determine the injured worker's progress. There is a lack of documentation indicating the injured worker is compliant with participation in a home exercise program. In addition, the request failed to mention the site of therapy requested and the request for 12 additional sessions exceeds the guideline recommendations. Therefore, the request for Physical Therapy 2 x 6 is not medically necessary.