MAXIMUS Federal Services

Case Number:	CM14-0133987		
Date Assigned:	08/27/2014	Date of Injury:	09/22/2011
Decision Date:	09/22/2014	UR Denial Date:	08/13/2014
Priority:	Standard	Application Received:	08/21/2014

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 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:

This is a 29 year old patient who reported an industrial injury to the back on 9/22/2011, three (3) years ago, attributed to the performance of her customary job duties. The patient complained of lower back pain radiating into the lower left extremity (LLE) on an intermittent basis. The patient continued to take Vicodin for the pain. The patient reported that he was only able to walk two blocks before having to stop due to pain. The objective findings on examination included a diminished range of motion (ROM) to the lumbar spine; thrombotic thrombocytopenic purpura (TTP) over the bilateral lumbar paraspinal muscles with spasms; positive lumbar facet loading; positive straight leg raising (SLR) on the left; motor strength is 5/5; sensory intact but diminished on the left L5 and S1 dermatomes of the lower extremities; reflexes are symmetrical. The diagnoses included lumbosacral spondylosis without myelopathy; sciatica; lumbar spine DDD; and lumbago. The treatment plan included acupuncture 2x3 weeks and physical therapy 2x5. The patient was prescribed Tramadol 50 mg. The patient was assessed as temporary total disability (TTD).

IMR ISSUES, DECISIONS AND RATIONALES

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

Acupuncture 2x3 Lumbar Spine: 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 six (6) additional sessions of acupuncture directed to the back was not supported with objective evidence of functional improvement with the previous certified sessions of acupuncture. There was no sustained functional improvement documented. There is no demonstrated medical necessity for six additional sessions of acupuncture. There was no provided conservative care by the requesting physician prior to the request for acupuncture after it was noted that the patient had received a significant number of sessions of physical therapy. The treating physician requested acupuncture sessions to the back based on persistent chronic pain due to the reported industrial injury and muscle pain not controlled with medications and home exercises. The request is not consistent with the recommendations of the CA Medical Treatment Utilization Schedule for the continued treatment with acupuncture. The patient was noted to have received the CA MTUS recommended number of sessions of acupuncture over a 1-2 month period of treatment. There is no documented sustained functional improvement. The current request is for maintenance treatment. The patient is not demonstrated to be participating in a self-directed home exercise program for conditioning and strengthening. There is no demonstrated functional improvement on a PR-2 by the acupuncturist. There is no documented reduction of medications attributed to the use of acupuncture. There is no medical necessity for the concurrent prescription of acupuncture and physical therapy (PT).The recent clinical documentation demonstrates that the patient has made no improvement to the cited body parts with the provided conservative treatment for the diagnoses of sprain/strain. Acupuncture is not recommended as a first line treatment and is authorized only in conjunction with a documented self-directed home exercise program. There is no documentation that the patient has failed conventional treatment. There was no rationale supporting the use of additional acupuncture directed to the back. The use of acupuncture is not demonstrated to be medically necessary. There is no objective evidence to support the continued treatment with acupuncture directed to the cited diagnoses.An initial short course of treatment to demonstrate functional improvement through the use of acupuncture is recommended for the treatment of chronic pain issues, acute pain, and muscle spasms. A clinical trial of four (4) sessions of acupuncture is consistent with the CA Medical Treatment Utilization Schedule; the ACOEM Guidelines and the Official Disability Guidelines for treatment of the back. The continuation of acupuncture treatment would be appropriately considered based on the documentation of the efficacy of the four (4) sessions of trial acupuncture with objective evidence of functional improvement. Functional improvement evidenced by the decreased use of medications, decreased necessity of physical therapy modalities, or objectively quantifiable improvement in examination findings and level of function would support the medical necessity of 8-12 sessions over 4-6 weeks. Therefore, the request for acupuncture 2x3 for the lumbar spine is not medically necessary.

Physical Therapy for Lumbar Spine Quantity : 10: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation ACOEM Pain, Suffering, and the Restoration of Function Chapter page 114.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 299-300,Chronic Pain Treatment Guidelines physical medicine Page(s): 97-98.

Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) neck and upper back chapter-PT; back chapter-PT.

Decision rationale: The request is for authorization of ten (10) additional sessions of physical therapy (PT) to the back 3 years after the date of injury (DOI) exceeds the number of sessions of PT recommended by the CA MTUS guidelines and the time period recommended for rehabilitation. The evaluation of the patient documented no objective findings on examination to support the medical necessity of physical therapy 3 years after the cited DOI with no documented weakness or muscle atrophy as opposed to a self-directed home exercise program (HEP). There are no objective findings to support the medical necessity of 10 sessions of physical therapy for the rehabilitation of the patient over the number recommended by evidence-based guidelines. The patient is documented with no signs of weakness, no significant reduction of range of motion (ROM), or muscle atrophy. There is no demonstrated medical necessity for the prescribed PT to the back 3 years after the DOI. The patient is not documented to be in HEP. There is no objective evidence provided by the provider to support the medical necessity of the requested eight additional sessions of PT over a self-directed home exercise program. The CA MTUS guidelines recommend ten (10) sessions of physical therapy over 8 weeks for the lumbar spine rehabilitation subsequent to lumbar strain/sprain and lumbar spine degenerative disc disease (DDD) with integration into HEP. The provider did not provide any current objective findings to support the medical necessity of additional PT beyond the number recommended by evidence based guidelines. Therefore, the request for 10 physical therapy sessions for the lumbar spine is not medically necessary.