

Case Number:	CM14-0137677		
Date Assigned:	09/05/2014	Date of Injury:	05/21/2013
Decision Date:	12/11/2014	UR Denial Date:	08/11/2014
Priority:	Standard	Application Received:	08/25/2014

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 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 38-year-old female claimant sustained a work injury on 5/21/03 involving the low back. She was diagnosed with degeneration of the lumbar discs, cervicalgia and myalgias. A progress note on July 31, 2014 indicated the claimant had 6/10 pain in the involved areas. The exam findings were notable for piriformis tenderness. The treating physician requested 12 sessions of physical therapy for the lumbar spine and 12 sessions of acupuncture. She was continued on Robaxin and Ibuprofen. A lumbar epidural steroid injection was also requested.

IMR ISSUES, DECISIONS AND RATIONALES

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

Physical Therapy, 12 sessions for the lumbar spine: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Physical Medicine. Decision based on Non-MTUS Citation Official Disability Guidelines - Low Back Procedure Summary

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 299, Chronic Pain Treatment Guidelines Physical Medicine Page(s): 98-99.

Decision rationale: According to the ACOEM guidelines, Physical and Therapeutic Interventions are recommended for 1 to 2 visits for education. This education is to be utilized for at home exercises which include stretching, relaxation, strengthening exercises, etc. In this case,

the claimant has already undergone 6 sessions with improvement in range of motion. There is no documentation to indicate that the sessions provided cannot be done independently by the claimant at home. In addition to the MTUS guidelines limits therapy for up to 10 visits. Consequently, 12 sessions of physical therapy are not medically necessary.

Acupuncture, 12 sessions for the lumbar spine: 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 MTUS guidelines, acupuncture is an option when pain medication is reduced or not tolerated. Frequency and duration of acupuncture is recommended for 1 to 3 times per week for duration of 1 to 2 months. The time to produce functional improvements is 3-6 treatments. In this case, the response to acupuncture is not known. Acupuncture is an option. The 12 sessions requested is excessive without knowing functional response of treatments as well as without exhausting other modalities. Therefore, this request is not medically necessary.