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| Case Number: | CM14-0138569 | | |
| Date Assigned: | 09/05/2014 | Date of Injury: | 04/27/2014 |
| Decision Date: | 11/04/2014 | UR Denial Date: | 08/11/2014 |
| Priority: | Standard | Application Received: | 08/27/2014 |

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 and Rehabilitation, has a subspecialty in Pain Medicine and is licensed to practice in Texas and Oklahoma. 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 33-year-old male who reported an injury on 04/27/2014 due to lifting approximately 200 pound material. The diagnoses included spinal stenosis, radiculopathy, and lumbar sprain/strain. Past medical treatment included medications, ice therapy, and therapy (non-specified). Diagnostic testing included an MRI of the lumbar spine without contrast on 05/22/2014. The surgical history was not provided. The injured worker complained of continuous mild to moderate pain on his lower back with occasional radiation to both legs, although he feels that it is happening more to the right leg stated on 07/18/2014. The injured worker stated bending forward causes his pain to activate. The physical examination revealed musculoskeletal examination of his spine revealed continued tenderness from L4-S1, forward flexion is 70 degrees, which is less than the last time, and lateral bending is 26 degrees bilaterally. The range of motion revealed rotation was 25 degrees with right sided pain, extension is 10 degrees, and neurological exercise is grossly intact. Medications were not provided. The treatment plan is for chiro/physiotherapy 2 X 6 (12 sessions) lumbar spine, and acupuncture 2 times 8 (12 sessions) lumbar spine. 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:

CHIRO/PHYSIOTHERAPY 2X6 (12 SESSIONS) LUMBAR SPINE.: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines manual therapy Page(s): 58-60.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines PHYSICAL THERAPY Page(s): 98.

Decision rationale: The request for CHIRO/PHYSIOTHERAPY 2X6 (12 SESSIONS) LUMBAR SPINE is not medically necessary. The injured worker complained of continuous mild to moderate pain on his lower back with occasional radiation to both legs, although he feels that it is happening more to the right leg stated on 07/18/2014. The clinical documentation dated 06/10/2014 stated the injured worker had been given medications and therapy with no improvements. The California MTUS Chronic Pain Medical Treatment Guidelines recommend 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. Patients are instructed and expected to continue active therapies at home as an extension of the treatment process in order to maintain improvement levels. Patient-specific hand therapy is very important in reducing swelling, decreasing pain, and improving range of motion in complex regional pain syndrome. The use of active treatment modalities such as exercise, education, and activity modification instead of passive treatments is associated with substantially better clinical outcomes. The guideline criteria for myalgia and myositis is 9 to 10 visits over 8 weeks. The guidelines state massage therapy treatment should be an adjunct to other recommended treatment and should be limited to 4 to 6 visits in most cases. Massage is a passive intervention and treatment dependency should be avoided. There is a lack of documentation regarding current measurable objective functional deficits and quantifiable objective functional improvements with previous physical therapy sessions. The guideline recommendations are 9 to 10 visits over 8 weeks and the injured worker has received an undisclosed amount of therapy. Therefore, due to the lack of documentation regarding current measurable functional deficits and quantifiable objective functional improvements with previous physical therapy and number of sessions completed, the request for CHIRO/PHYSIOTHERAPY is not appropriate at this time. Therefore, the request is not medically necessary.

ACUPUNCTURE 2X8 (12 SESSIONS), 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 acupuncture 2x8 (12 sessions), lumbar spine is not medically necessary. The California (MTUS) guidelines recommend up to 3-6 initial sessions of acupuncture 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. There is a lack of documentation that medications have not been tolerated. In addition, the request for 12 sessions would exceed the guideline recommendations for initial

duration of care. As such, the request for acupuncture 2x8 (12 sessions) is not medically necessary.