

Case Number:	CM14-0146062		
Date Assigned:	09/12/2014	Date of Injury:	07/09/2013
Decision Date:	11/05/2014	UR Denial Date:	08/12/2014
Priority:	Standard	Application Received:	09/09/2014

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 and is licensed to practice in 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:

Medical records reflect the claimant is a 59-year old male who sustained a work injury on 7-9-13. Office visit on 7-29-14 notes the cm has low back pain rated as 8/10 without medications and 4/10 with medications. The claimant reports radiating pain on the right as well as numbness and tingling. The claimant had bladder surgery on 7-11-14. On exam, he has limited range of motion of the lumbar spine, pain at right and left paraspinals, as well as sciatic notch. SLR is positive on the left at 20 degrees. Patrick's sign is positive on the left. The claimant had been previously authorized physical therapy that he never completed and epidural steroid injection that he never completed.

IMR ISSUES, DECISIONS AND RATIONALES

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

continue PT to lumbar (frequency and duration not provided): Upheld

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

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

Decision rationale: Chronic Pain Medical Treatment Guidelines as well as ODG notes that one should allow for fading of treatment frequency (from up to 3 visits per week to 1 or less), plus

active self-directed home Physical Medicine. The claimant had been authorized physical therapy in the past which he never completed. There is an absence in documentation noting that this claimant cannot perform a home exercise program. There are no extenuating circumstances to support physical therapy at this juncture. Additionally, nonspecific request for quantity and duration is not supported. Therefore, the Continue Physical Therapy to lumbar (frequency and duration not provided) is not medically necessary.

Acupuncture to the lumbar (frequency and duration not provided): Upheld

Claims Administrator guideline: Decision based on MTUS Acupuncture Treatment Guidelines.

MAXIMUS guideline: Decision based on MTUS Acupuncture Treatment Guidelines.

Decision rationale: Acupuncture Medical Treatment Guidelines notes that (1) "Acupuncture" is used 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. (c) Frequency and duration of acupuncture or acupuncture with electrical stimulation may be performed as follows: (1) Time to produce functional improvement: 3 to 6 treatments. There is an absence in documentation noting this claimant's prior compliance with treatment. Additionally, nonspecific request for quantity and duration is not supported. Therefore, the Acupuncture to the lumbar (frequency and duration not provided) is not medically necessary.