

Case Number:	CM14-0150960		
Date Assigned:	09/19/2014	Date of Injury:	02/03/2014
Decision Date:	11/28/2014	UR Denial Date:	08/20/2014
Priority:	Standard	Application Received:	09/16/2014

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 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 an injured with a date of injury of 2/3/14. A utilization review determination dated 8/20/14 recommends non-certification of acupuncture, physical therapy, and consultations to pain management and orthopedics. 7/7/14 medical report identifies low back pain into the bilateral lower extremities. On exam, there is limited range of motion (ROM), tenderness, spasm, 4/5 motor strength bilateral hamstrings, and unspecified bilateral lower extremity decreased sensation. Recommendations include physical therapy, acupuncture, Electromyography/Nerve Conduction Velocity (EMG/NCV) bilateral lower extremities, x-rays, MRI, MD referral for medications, FCE, and ortho and pain management referrals for lumbar spine.

IMR ISSUES, DECISIONS AND RATIONALES

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

8 Acupuncture Sessions for the Lumbar Spine, 2 Times a Week for 4 Weeks: Upheld

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

MAXIMUS guideline: Decision based on MTUS Acupuncture Treatment Guidelines.

Decision rationale: California MTUS does support the use of acupuncture for chronic pain. Acupuncture is recommended to be used as an adjunct to physical rehabilitation and/or surgical intervention to hasten functional recovery. Additional use is supported when there is functional

improvement documented, which is defined as "either a clinically significant improvement in activities of daily living or a reduction in work restrictions and a reduction in the dependency on continued medical treatment." A trial of up to 6 sessions is recommended, with up to 24 total sessions supported when there is ongoing evidence of functional improvement. Within the documentation available for review, it is unclear what current concurrent rehabilitative exercises will be used alongside the requested acupuncture. There is some support for a 6-visit trial of acupuncture in patients with chronic pain, but the current request for 8 visits exceeds the 6-visit trial recommended by guidelines. Unfortunately, there is no provision to modify the current request. As such, the currently requested 8 Acupuncture Sessions is not medically necessary.

12 Physical Therapy Sessions for the Lumbar Spine, 3 Times a Week for 4 Weeks: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain 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 recommend up to 10 sessions with continuation of active therapies at home as an extension of the treatment process in order to maintain improvement levels. Within the documentation available for review, there is no documentation of specific objective functional improvement with any previous sessions and remaining deficits that cannot be addressed within the context of an independent home exercise program yet are expected to improve with formal supervised therapy. Furthermore, the request exceeds the amount of physical therapy recommended by the CA MTUS and, unfortunately, there is no provision for modification of the current request. In light of the above issues, the currently requested 12 Physical Therapy Sessions is not medically necessary.

Pain Management Consultation: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 2 General Approach to Initial Assessment and Documentation.

MAXIMUS guideline: Decision based on MTUS ACOEM Page(s): 127.

Decision rationale: Regarding the request for pain management consultation, California MTUS does not address this issue. ACOEM supports consultation if a diagnosis is uncertain or extremely complex, when psychosocial factors are present, or when the plan or course of care may benefit from additional expertise. Within the documentation available for review, the injured worker has only just begun to see the requesting provider and there is no indication of clinical and special study evidence suggestive of the need for interventional treatment. Furthermore, the provider, who is a chiropractor, has already referred the injured worker to another provider for medication management and there is no other clear rationale presented identifying the medical necessity of specialty consultation with pain management. In light of the above issues, the currently requested pain management consultation is not medically necessary.

Orthopedic Surgical Consultation: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 2 General Approach to Initial Assessment and Documentation.

MAXIMUS guideline: Decision based on MTUS ACOEM Page(s): 127.

Decision rationale: Regarding the request for orthopedic surgical consultation, California MTUS does not address this issue. ACOEM supports consultation if a diagnosis is uncertain or extremely complex, when psychosocial factors are present, or when the plan or course of care may benefit from additional expertise. Within the documentation available for review, the injured worker has only just begun to see the requesting provider and there is no indication of clinical and special study evidence suggestive of the need for surgical treatment and there is no other clear rationale presented identifying the medical necessity of specialty consultation with an orthopedic surgeon. In light of the above issues, the currently requested orthopedic surgical consultation is not medically necessary.