

Case Number:	CM14-0155329		
Date Assigned:	09/25/2014	Date of Injury:	04/05/2012
Decision Date:	10/27/2014	UR Denial Date:	09/10/2014
Priority:	Standard	Application Received:	09/23/2014

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 Occupational 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:

The patient is an individual who has submitted a claim for lumbago associated with an industrial injury date of April 5, 2012. The submitted documentation was reviewed and it was found that it does not contain any progress note. Utilization review from September 10, 2014 denied the request for Acupuncture x 8, lumbar spine, Additional Physical Therapy x 8, lumbar spine and Lumbar brace. The request for acupuncture was denied because based on clinical documentation provided the patient was tolerating the current medication regimen and is not currently involved in a rehabilitation program. The request for additional Physical Therapy sessions was denied because the patient previously had 16 Physical Therapy visits. The request for lumbar brace was denied because the documentation provided show that the patient does not fall into the categories necessitating lumbosacral orthoses.

IMR ISSUES, DECISIONS AND RATIONALES

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

Acupuncture x 8, lumbar spine: Upheld

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

MAXIMUS guideline: Decision based on MTUS Acupuncture Treatment Guidelines.

Decision rationale: CA MTUS Acupuncture Medical Treatment Guidelines state that 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. Acupuncture treatments may be extended if functional improvement is documented. The frequency and duration to produce functional improvement is 3-6 treatments, frequency of 1-3 times per week, and duration of 1-2 months. It may be extended if functional improvement is documented. In this case, the patient's history and physical examination are unknown. The medical necessity of acupuncture cannot be established. Therefore, the request for Acupuncture x 8, lumbar spine is not medically necessary.

Additional PT x 8, lumbar spine: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Physical therapy.

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

Decision rationale: According to the CA MTUS Chronic Pain Medical Treatment Guidelines, physical therapy is recommended for low back pain. The guidelines 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 recommended number of visits for myalgia and myositis is 9-10 over 8 weeks. In this case, the patient's history and physical examination are unknown. The medical necessity of physical therapy cannot be established. Therefore, the request for Additional PT x 8, lumbar spine is not medically necessary.

Lumbar brace: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 301.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 301. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Low Back Chapter, Back brace, post-operative (fusion)

Decision rationale: Page 301 of the CA MTUS ACOEM states that lumbar supports have not been shown to have any lasting benefit beyond the acute phase of symptom relief. ODG only recommends back brace as an option for compression fractures. There is no scientific information on the benefit of bracing for clinical outcomes following instrumented lumbar fusion. There may be special circumstances (multilevel cervical fusion, thoracolumbar unstable fusion, non-instrumented fusion, mid-lumbar fractures) in which some external immobilization might be desirable. In this case, the patient's history and physical examination are unknown. The medical necessity of a lumbar brace cannot be established. Therefore, the request for lumbar brace is not medically necessary.