

Case Number:	CM14-0179131		
Date Assigned:	11/03/2014	Date of Injury:	10/09/2006
Decision Date:	12/09/2014	UR Denial Date:	10/15/2014
Priority:	Standard	Application Received:	10/28/2014

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 Internal 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 injured worker is a 67-year-old female who sustained a back injury on October 9, 2006. The mechanism of injury was not documented in the medical record. Pursuant to the most recent evaluation dated October 7, 2014, the injured worker had complaints of pelvic pain, cannot walk, and needs belt for pelvis. There were no significant objective physical examination findings that were documented. The medical records indicate that the injured worker has undergone some previous treatment including medications, therapy, and acupuncture. A previous evaluation dated May 1, 2014, documented the injured worker to have low back pain complaints with decreased range of motion with minimal muscle spasms. The injured worker was diagnosed with degenerative disc disease of the lumbar spine and discogenic syndrome. Current medications were not documented. The provider recommends physical therapy with acupuncture of the low back 2 times a week for 4 weeks. There are no previous physical therapy or acupuncture treatment progress notes provided for review.

IMR ISSUES, DECISIONS AND RATIONALES

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

Physical therapy with acupressure low back 2 times 4: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Low Back Section: Physical Therapy, Acupuncture

Decision rationale: Pursuant to the Official Disability Guidelines (ODG), physical therapy with acupressure 2 back times per week for 4 weeks is not medically necessary. The guidelines state acupuncture is not recommended for acute low back pain. It is recommended as an option for chronic low back pain using a short course of treatment in conjunction with other interventions. Acupuncture official disability guidelines are: initial treatment of 3 to 4 visits over two weeks with evidence of objective functional improvement. A total of 8 to 12 visits, over 4 to 6 weeks are considered. Physical therapy guidelines as to frequency and duration for lumbosacral sprain and strain 10 visits over eight weeks. In this case, the injured worker is a 67-year-old woman with a back injury. She was diagnosed with degenerative disc disease of the lumbar spine and discogenic syndrome. The medical record documentation contains 3 to 4 line handwritten and/or typed progress notes, largely subjective and vague. The medical record did not contain any objective physical findings in the progress notes. There were multiple prescriptions (DME) in the record. There was no indication of prior physical therapy or acupuncture documented in the medical record. Additionally, there is no evidence of objective functional improvement noted in the physician progress notes. The request for authorization in the medical record contains a request for acupuncture in addition to physical therapy. However, there were no clinical indications or rationale for physical therapy or acupuncture. Based on the clinical information in the medical record and the peer-reviewed evidence-based guidelines, physical therapy with acupressure (acupuncture) two times per week for four weeks is not medically necessary.

Neuromuscular Stimulator: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 121.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Neuromuscular Electric Stimulation Page(s): 121. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Pain Section, Neuromuscular Electric stimulation

Decision rationale: Pursuant to the Chronic Pain Medical Treatment Guidelines in the Official Disability Guidelines, the neuromuscular stimulator is not medically necessary. The guidelines state neuromuscular electrical stimulation (NMES) is not medically necessary or recommended. It is primarily used as part of a rehabilitation program following stroke and there is no evidence to support its use in chronic pain. In this case, the injured worker is a 67-year-old with back pain. The medical record and not demonstrate any significant objective physical findings. However based on the treatment guidelines, the use of neuromuscular electrical stimulation is not recommended. Based on clinical information in the medical record and the peer-reviewed evidence-based guidelines, neuromuscular electrical stimulation is not medically necessary.