

Case Number:	CM14-0023444		
Date Assigned:	05/12/2014	Date of Injury:	05/27/2009
Decision Date:	08/04/2014	UR Denial Date:	02/14/2014
Priority:	Standard	Application Received:	02/24/2014

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 a 51-year-old male, who has submitted a claim for Chronic Right Lower Extremity Radiculopathy and Myelopathy, associated with an industrial injury date of May 27, 2009. Medical records from 2013 through 2014 were reviewed, which showed that the patient complained of persistent right-sided back pain with cramps and spasms in right lower extremity. Patient also complained of numbness in the right lower extremity and anterior thigh area. Physical examination showed weak strength and sensation in the right lower extremity at about 4/5. Sensation to light touch was intact. Tenderness was noted on the right lumbar musculature, right lumbar paraspinal and quadratus lumborum. Straight leg raise (SLR) was positive on the right. Neurodiagnostic report done on March 5, 2012 showed evidence of right-sided L5 and S1 radiculopathy. MRI of the left shoulder joint without contrast done on January 22, 2014 showed stabilisation at L5-S1 anterolisthesis. Treatment to date has included medications, acupuncture, 6 sessions of physical therapy and s/p L4-L5 fusion with removal of L4-L5 hardware. Utilization review from February 14, 2014 denied the request for Acupuncture Times Twelve Visits for Low Back and Physical Therapy Two Times for Four Weeks for Low Back however; reasons for denial were not made available.

IMR ISSUES, DECISIONS AND RATIONALES

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

PHYSICAL THERAPY TWO TIMES FOR FOUR WEEKS FOR LOW BACK: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines 9792.24.2, Physical Medicine Page(s): 98-99.

Decision rationale: As stated on pages 98-99 of CA MTUS Chronic Pain Medical Treatment Guidelines, it stresses the importance of a time-limited treatment plan with clearly defined functional goals, frequent assessment and modification of the treatment plan based upon the patient's progress in meeting those goals, and monitoring from the treating physician regarding progress and continued benefit of treatment is paramount. Physical Medicine Guidelines - Allow for fading of treatment frequency. In this case, records showed that the patient completed the prescribed 6 sessions of physical therapy. However, there was no documentation that the patient reported functional improvement in relation to the physical therapy. Likewise, the patient should be well versed in self-directed home exercise program. Therefore, the request for Physical Therapy two times for Four Weeks for Low Back is not medically necessary.

ACUPUNCTURE TIMES TWELVE VISITS FOR LOW BACK: Upheld

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

MAXIMUS guideline: Decision based on MTUS Acupuncture Treatment Guidelines.

Decision rationale: As stated on CA MTUS Acupuncture Medical Treatment Guidelines, treatments may be extended if functional improvement is documented (a clinically significant improvement in activities of daily living or a reduction in work restrictions as measured during the history and physical exam, performed and documented as part of the evaluation), for a total of 24 visits. In this case, the patient already completed his sessions of acupuncture. Although there was documentation that the patient had a relief of symptoms, records reviewed did not show functional improvement nor improvement in activities of daily living. Therefore, the request for Acupuncture Times Twelve Visits for Low Back is not medically necessary.