

Case Number:	CM14-0033548		
Date Assigned:	05/16/2014	Date of Injury:	01/05/2013
Decision Date:	07/11/2014	UR Denial Date:	02/21/2014
Priority:	Standard	Application Received:	03/17/2014

HOW THE IMR FINAL DETERMINATION WAS MADE

MAXIMUS Federal Services sent the complete case file to a Physician Reviewer. He/she has no affiliation with the employer, employee, providers or the claims administrator. The Physician Reviewer is Board Certified in Physical Medicine & Rehabilitation and Pain Management, has a subspecialty in Interventional Spine, 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 Physician 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 patient is a 46-year-old male with date of injury on 01/05/2013. According to the treating physician's report on 12/30/2013, the patient presents with chronic low back pain, at an intensity of 3/10 to 4/10. The patient finished acupuncture treatments, but improvement was only short-term and waited to have lumbar epidural steroid injection due to constant pain. Listed diagnoses are right-sided 3-mm disc herniation with annular tear at L5-S1. The patient wants to continue current course of acupuncture of lumbar spine, and requests authorization for epidural #1.

IMR ISSUES, DECISIONS AND RATIONALES

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

6 SESSIONS OF ELECTRO ACUPUNCTURE: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: Decision based on MTUS Acupuncture Treatment Guidelines.

Decision rationale: This injured worker presents with chronic low back pain. The request is for 6 sessions of electro-acupuncture. This request was denied by utilization review letter on 02/26/2014. This letter references progress report from 02/07/2014 with the request, but

unfortunately, this particular report is not available for this review. Review of the report from 12/30/2013 by treating physician indicates the injured worker has tried acupuncture with temporary relief only. MTUS Guidelines recommend trial of 6 sessions and additional treatments if functional improvement is demonstrated. This injured worker has tried acupuncture treatments without much improvement in terms of function, only experiencing temporary relief. Recommendation is for denial of additional acupuncture.

THERAPEUTIC EXERCISE: Overturned

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Exercise Page(s): 46-47. Decision based on Non-MTUS Citation ODG guidelines on Exercise for Chronic pain.

Decision rationale: This injured worker presents with chronic low back pain. Request is for "therapeutic exercise." This request was denied by utilization review on 02/26/2014, which references 02/07/2014 progress report. Unfortunately, the 02/07/2014 progress report is not available for this review. MTUS and ODG Guidelines do strongly support therapeutic exercises for treatment of chronic pain. Recommendation for "therapeutic exercise" should be performed at home and recommendation is that this request is medically necessary.

INFRARED: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) ODG-twc guidelines has the following regarding heat therapy:(http://www.odg-twc.com/odgtwc/low_back.htm#TreatmentPlanning).

Decision rationale: This injured worker presents with chronic low back pain and requested for infrared treatments. ODG Guidelines specifically do not recommend infrared therapy over other heat therapies. Recommendation is for denial.