MAXIMUS Federal Services

Case Number:	CM14-0033759		
Date Assigned:	06/20/2014	Date of Injury:	04/17/2009
Decision Date:	07/18/2014	UR Denial Date:	03/04/2014
Priority:	Standard	Application Received:	03/18/2014

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 patient is a 54 year old female with date of injury 04/17/2009 and is diagnosed with chronic lumbar back pain. The patient is reported to have tried multi-modality pain treatment protocols including massage, PT, acupuncture, chiropractic care, medication, and epidural steroid injection. All of these are reported to have providec minimal to temporary benefit only. There is no documentation as to pain scores and/or functional improvements for any of these modalities in the notes provided. The patient is reported to be taking narcotic and non-narctoic analgesics for her pain. The current request is for Physical Therapy x 8 sessions and for acupuncture x 16 sessions.

IMR ISSUES, DECISIONS AND RATIONALES

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

Physical Therapy X8 visits: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Chronic Pain Medical Treatment Guidelines Physical Therpay Page(s): 58-60.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Physical Therpay Page(s): 58-60.

Decision rationale: The MTUS recommends physical thearpy (PT) for many pain conditions with initial evaluation and treatment with re-evaluation after the first two weeks for response. If

improvement is seen, the further PT can be employed for 6-12 visits as usual course. This patient has documented failure of physical therapy in the past with minimal improvements, at best, reported in the notes provided. There is no documentation as to pain scores and/or functional improvement provided with past PT sessions. Furthermore, there is no evidence that this PT is for something different than her usual chronic low back pain. Given failure of past PT and lack of any documentation of improvement from prior PT, coupled with lack of any new injuries and reports that this is for the same problem make the PT request not medically necessary. As such, the PT x 8 visits is not medically justifiable.

Acupuncture X16 visits: Upheld

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

MAXIMUS guideline: Decision based on MTUS Acupuncture Treatment Guidelines.

Decision rationale: The patient has chronic low back pain and has failed essentially all types of treatment modalities. The patient has also been reported to have tried acupuncture in the past and the notes provided state that she only derived minimal benefit, at best, from this type of therapy. There are no specific notes about the acupunture treatments and documentation as to pain scores and/or functional improvement related to this therapy. MTUS states that acupuncture can be an option when pain medication is reduced or not tolerated and can also be used adjunctively for recovery from surgery and/or rehabilitation. The standard course is 3-6 treatments and if benefit is seen, to extend for 1-2 months at the frequency of 1-3 times a week. The current request is for 16 visits. As such, not only is this acupuncture amount requested not consistent with guidelines, but also the patient has tried and failed acupuncture in the past. There is nothing in the data provided that this is for a new injury or different modality of treatment. Futthermore, the notes do not relfect the patient has reduced medication nor are there reports of intolerance to medication. Therefore, the acupuncture x 16 sessions is not medically necessary.