MAXIMUS Federal Services

Case Number:	CM14-0036124		
Date Assigned:	06/23/2014	Date of Injury:	06/19/2011
Decision Date:	07/30/2014	UR Denial Date:	03/13/2014
Priority:	Standard	Application Received:	03/24/2014

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 applicant is a represented [redacted] employee who has filed a claim for chronic low back pain associated with an industrial injury of June 19, 2011. Thus far, the applicant has been treated with analgesic medications, transfer of care to and from various providers in various specialties, topical compounds, and extensive periods of time off of work, on total temporary disability. In a progress note dated January 16, 2014, the applicant was placed off of work, on total temporary disability. The applicant was described as having unchanged complaints of neck and low back pain with derivative complaints of anxiety and insomnia. It was stated that the applicant was pending physical therapy and acupuncture. Eight sessions of physical therapy and 12 sessions of acupuncture were earlier sought via a progress note dated November 19, 2013. The applicant was reporting persistent complaints of low back pain at that point with associated issues with anxiety. The applicant was using unspecified oral and topical medications. The applicant was placed off of work, on total temporary disability. In an earlier note of October 8, 2013, the applicant was again placed off of work, on total temporary disability. It appears that physical therapy was pending and/or ordered at this point time as well.

IMR ISSUES, DECISIONS AND RATIONALES

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

PT 2x6-LS 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 Page(s): 99.

Decision rationale: The 12 sessions of physical therapy proposed, in and of itself, would represent treatment in excess of the 8 to 10 sessions of physical therapy recommended on page 99 of the MTUS Chronic Pain Medical Treatment Guideline for radiculitis, the issue reportedly present here. No rationale for treatment in excess of MTUS parameters was provided. It was further noted that the applicant has had unspecified amounts of physical therapy over the course of the claim and has failed to demonstrate any lasting benefit or functional improvement. The applicant remains off of work, on total temporary disability. The applicant remains highly reliant on various oral and topical medications. Therefore, the request for additional physical therapy is not medically necessary.

Acupuncture 2x6-LS spine: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines - Acupuncture Guidelines.

MAXIMUS guideline: Decision based on MTUS Acupuncture Treatment Guidelines.

Decision rationale: As noted in the MTUS, the time deemed necessary to produce functional improvement following introduction of acupuncture is three to six treatments. In this case, the request for 12 sessions of acupuncture, then, represents treatment two to four times MTUS parameters. No rationale for treatment this far in excess of MTUS parameters was provided. It is further noted that it is not clearly stated how much prior acupuncture (if any) the applicant had had over the course of the claim. Therefore, the request is not medically necessary.