

Case Number:	CM14-0038787		
Date Assigned:	06/27/2014	Date of Injury:	11/13/2008
Decision Date:	07/29/2014	UR Denial Date:	03/14/2014
Priority:	Standard	Application Received:	04/02/2014

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 Physical Medicine and Rehabilitation, has a subspecialty in Pain 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:

This is a 56-year-old patient this is sustained an industrial injury on 11/13/2000 to the neck the back, and side the patient fell while sleeping. Diagnosis is low back pain. Previous treatment has included multiple rounds of physical therapy, acupuncture, medications heat/cold therapy, stretching, home exercises, activity modification, injections and TENS unit. A request for physical therapy 3 times per week 4 weeks was modified at utilization review on 03/14/14 to improve 2 sessions noting that there was physical therapy performed in the recent past without mention or documentation of functional gain attributed to the sessions. There is no request for modalities to be used in physical therapy did not be accomplished as well in a home exercise program in which the patient must certainly be doing at this time. The request is modified to allow 2 sessions for completion of a stabilizing/strengthening program along with instruction for a current active progressive home exercise program period a request for acupuncture treatment 2 times per week for 6 weeks was non-certified, noting that the patient had been participating in acupuncture treatment for some time and despite the request for update on specific evidence of functional gain attributed to the past sessions, this had not occurred. Primary treating physician report dated 02/14/14 noted the patient presenting with low back pain and right greater than left lower extremity symptoms rated at 7/10. The patient expressed enthusiasm to proceed with epidural steroid injections. The patient reported medication does help and denied side effects. Objective findings revealed lumbar range of motion flexion 60% of normal, extension 50% of normal, left and right lateral tilt to 50% of normal, left rotation 40% of normal. Lower extremity neurological evaluation was reportedly unchanged. Straight leg raise test was positive bilaterally (this was not described). Plan was to proceed with an epidural steroid injection at the bilateral L5-S1 and continue with concurrent physical therapy to the lumbar spine at 3 times per week for 4 weeks as well as additional acupuncture with modalities to the lumbar spine 2 times per week

for 6 weeks period it was reported that acupuncture 12 sessions to date facilitates diminished pain and improved tolerance to a variety of activities (this was not described). Medications include tramadol ER 150 mg twice daily #60.

IMR ISSUES, DECISIONS AND RATIONALES

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

PHYSICAL THERAPY: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines PHYSICAL MEDICINE Page(s): 127-98.

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

Decision rationale: The California MTUS recommends: "Allow for fading of treatment frequency plus active self-directed home physical medicine." The patient's injury is chronic from 2008, and the patient has completed multiple rounds of physical therapy in the past. There is no documentation of what functional improvement was achieved with previous sessions or why the patient needs to return to supervised exercise therapy rather than transition to a fully independent home exercise program. There is no clear documentation of musculoskeletal deficits that cannot be addressed within the context of an independent home exercise program, yet would be expected to improve with formal supervised therapy. Despite extensive physical therapy received, there is no description of the patient participating in a home exercise program. Additionally, the current request for physical therapy does not specify quantity, frequency, or body part to be treated. Therefore, additional physical therapy is not medically necessary and this request is not medically necessary.

ACUPUNCTURE: Upheld

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

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

Decision rationale: The ACOEM criteria regarding acupuncture states "As a treatment for chronic LBP as a limited course during which time there are clear objective and functional goals to be achieved. Consideration can be given for time-limited use in patients with chronic LBP without underlying serious pathology as an adjunct to a conditioning program that has both graded aerobic exercise and strengthening exercises. Acupuncture is only recommended to assist in increasing functional activity levels more rapidly and the primary attention should remain on the conditioning program. In those not involved in a conditioning program, or who are non-compliant with graded increases in activity levels, this intervention is not recommended." In this case, it is noted the patient has previously completed acupuncture treatment with 12+ sessions, yet there is no description of specific functional benefit or measurable pain relief as a result of prior treatment. There is no description of return to work. Records do not describe to patient

participating in an active home exercise program. Additionally, the current request does not specify the quantity, frequency, or body part to be treated. Therefore, additional acupuncture is not medically necessary in this case and the request is not medically necessary.