

Case Number:	CM14-0045573		
Date Assigned:	07/07/2014	Date of Injury:	09/16/2008
Decision Date:	10/01/2014	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 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:

This is a 61-year-old female with a 9/16/08 date of injury. The mechanism of injury was pushing a heavy piece of equipment. According to a progress report dated 2/5/14, the patient presented with increased pain in her left low back down the left lower extremity. She also complained of foot pain, ankle pain, and buttock pain. She rated her pain at 5/10 on the visual analog scale (VAS). She had finished an initial trial of 6 sessions of acupuncture and had very good effect. She had a decrease in pain to 4/10 average, increase in function, and decreased her use of Dilaudid by 1/3 with acupuncture. She was able to restart her home exercise program on a daily basis. She reported 80% overall improvement since she began treatment. Objective findings: limited to vital signs. Diagnostic impression: right sacrotuberous ligament strain, right sacroiliac joint pain, lumbar radicular pain. Treatment to date: medication management, activity modification, H-wave unit. A UR decision dated 3/14/14 denied the requests for ART lumbar garment and physical therapy. Regarding ART lumbar garment, there is little data provided in regard to the patient's use of an H wave device. Absent necessary clinical information, the request for the garment for the H wave device is non certified. Regarding physical therapy, the medical records indicated that this patient had done well in establishing a home exercise program. The rationale and indications for additional supervised therapy at this time is not apparent. The request for 12 sessions of acupuncture was modified to 6 sessions. Regarding acupuncture, the medical records do document significant functional improvement. The guidelines, however, anticipate this on a limited basis and not indefinitely.

IMR ISSUES, DECISIONS AND RATIONALES

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

Physical Therapy 2 times a week for 4 weeks: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines 9792.24.2 page(s) 98-99; 9792.22 General Approaches Page(s): 98-99. Decision based on Non-MTUS Citation American College of Occupational and Environmental Medicine (ACOEM), 2nd Edition, (2004) Pain, Suffering, and the Restoration of Function Chapter 6, page 114 Official Disability Guidelines (ODG) Low Back Chapter

Decision rationale: California Medical Treatment Utilization Schedule (MTUS) 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. However, this patient has a 2008 date of injury, and likely has had physical therapy previously. There is no clear description of prior functional gains or improvements in activities of daily living from the prior physical therapy sessions. In addition, it is unclear how many physical therapy sessions the patient has previously had. Guidelines only support 10 sessions of physical therapy for lumbar sprains. According to the 3/14/14 progress note, the provider is requesting physical therapy to be done at the same time as acupuncture, so she may hopefully make better progress. Guidelines do not support the initiation of more than 1 treatment modality due to difficulty in establishing efficacy. Therefore, the request for Physical Therapy 2 times a week for 4 weeks was not medically necessary.

Acupuncture 2 times a week for 6 weeks: Overturned

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines 9792.23 Clinical Topics, 9792.24.1 Page(s): 1. Decision based on Non-MTUS Citation American College of Occupational and Environmental Medicine (ACOEM), 2nd Edition, (2004) Pain, Suffering, and the Restoration of Function Chapter, page 114

Decision rationale: California Medical Treatment Utilization Schedule (MTUS) Acupuncture Medical Treatment Guidelines state that 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. According to the report dated 3/14/14, the patient has completed 6 initial visits of acupuncture and reported very good effect. She had a decrease in pain to 4/10, increase in function, and decreased her use of Dilaudid by 1/3 with acupuncture. She has had functional improvement and has restarted her home exercise program on a daily basis. She also reported 80% overall improvement since beginning treatment.

Guidelines support continued acupuncture treatment in the presence of documented functional improvement and pain relief. In addition, this request is for 12 sessions, along with her 6 completed sessions, is below the guideline recommended maximum of 24 acupuncture visits. Therefore, the request for Acupuncture 2 times a week for 6 weeks was medically necessary.

ART Lumbar Garment: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 301.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines 9792.24.2 Page(s): 117-118.

Decision rationale: California Medical Treatment Utilization Schedule (MTUS) states that a one-month home-based trial of H-wave stimulation may be indicated with chronic soft tissue inflammation and when H-wave therapy will be used as an adjunct to a method of functional restoration, and only following failure of initial conservative care, including recommended physical therapy and medications, plus transcutaneous electrical nerve stimulation (TENS). There is no documentation of a failure of conservative care. In fact, the provider has submitted a request for physical therapy as well as continued acupuncture which has provided her with significant pain relief and functional improvement. In addition, there is no documentation that the patient has had a trial and failure of a TENS unit. An online search could not identify what an ART lumbar garment specifically is. According to the progress note dated 3/14/14, the provider indicated that he wished a trial of an ART lumbar garment since the patient could not put her H-wave on by herself. However, because the medical necessity for an H-wave unit has not been established, this associated request cannot be substantiated. Therefore, the request for ART Lumbar Garment was not medically necessary.