

Case Number:	CM14-0047343		
Date Assigned:	07/02/2014	Date of Injury:	08/14/2013
Decision Date:	08/22/2014	UR Denial Date:	04/08/2014
Priority:	Standard	Application Received:	04/14/2014

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 & Rehabilitation, has a subspecialty in Pain Medicine and is licensed to practice in Texas and Oklahoma. 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 injured worker is a 51-year-old male who reported an injury on 08/14/2013. The mechanism of injury was not provided. On 01/30/2014, the injured worker presented with right low back pain radiating to the buttock. Upon examination of the lumbar spine, there was restricted range of motion and tenderness to palpation to the paralumbar spinal musculature. There were normal reflexes, normal sensation, and good strength. An MRI of the lumbar spine dated 01/16/2014 noted mild disc desiccation from L4-5 and L5-S1 with a 3 to 4 mm broad posterior protrusion and slight to moderate neural foraminal stenosis. The diagnoses were thoracic strain, lumbosacral strain, L4-5 and L5-S1 disc protrusion, and annular tears. Prior therapy included physical therapy, medications, home exercise and stretching, as well as heat and ice applications. The provider recommended physical therapy and acupuncture. The provider's rationale was not provided. The Request for Authorization form was dated 02/05/2014.

IMR ISSUES, DECISIONS AND RATIONALES

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

Physical therapy 2x6: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Physical Medicine. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Online Treatment Guidelines for Chronic Pain, Physical Therapy.

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

Decision rationale: MTUS Guidelines state that active therapy is based on the philosophy that therapeutic exercise and/or activity are beneficial for restoring flexibility, strength, endurance, function, range of motion, and can alleviate discomfort. Active therapy requires an internal effort by the individual to complete a specific exercise or task. Injured workers are instructed and expected to continue active therapies at home as an extension of the treatment process, in order to maintain improvement levels. There was a lack of documentation indicating the injured worker's prior course of physical therapy, as well as the efficacy of the prior therapy. The guidelines recommend up to 10 visits of physical therapy for up to 4 weeks. The amount of physical therapy visits that have already been completed were not provided. Additionally, injured workers are instructed and expected to continue active therapies at home, and there are no significant barriers to transitioning the injured worker to an independent home exercise program. The provider's request for physical therapy did not indicate the site that the physical therapy was intended for in the request as submitted. As such, the request is not medically necessary.

Acupuncture 6: Upheld

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

MAXIMUS guideline: Decision based on MTUS Acupuncture Treatment Guidelines.

Decision rationale: MTUS Guidelines state acupuncture is used as an option when pain medication is reduced or not tolerated. It may be used as an adjunct to physical rehabilitation and/or surgical intervention to hasten functional recovery. The guidelines recommend 3 to 6 acupuncture visits 1 to 3 times a week for an optimum duration of 1 to 2 months. There was a lack of evidence that the injured worker was intolerant to other medication or indication for the reduction of pain medication. Additionally, the amount of acupuncture visits that the injured worker has already completed was not provided, as well as the efficacy of the prior treatment. The provider's request does not indicate the site that the acupuncture visits were intended for, or the frequency of the visits in the request as submitted. As such, the request is not medically necessary.