

Case Number:	CM14-0050422		
Date Assigned:	07/07/2014	Date of Injury:	10/11/2013
Decision Date:	08/21/2014	UR Denial Date:	04/10/2014
Priority:	Standard	Application Received:	04/18/2014

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 Anesthesiology, has a subspecialty in Pain Medicine and is licensed to practice in California and Nevada 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 37 year old male who reported an injury to his low back when he was pulling a large branch while trimming trees on 10/11/13. The clinical note dated 03/20/14 indicates the injured worker complaining of 5/10 pain in the low back. Upon exam, the injured worker was able to demonstrate 55 degrees of lumbar flexion with 20degrees of extension and 20 degrees of bilateral lateral flexion. Therapy note dated 03/25/14 indicates the injured worker having undergone a number of different modalities addressing the low back complaints to include myofascial release, mechanical traction, and infrared therapy. There is also an indication the injured worker having previously undergone chiropractic treatments as well as acupuncture. The injured worker had also been educated on the use of a home exercise program to address the lumbar sacral complaints. The utilization review dated 04/10/14 resulted in denials for acupuncture and a work conditioning program. No information had been submitted regarding the injured worker's previous conservative treatments. Therefore additional conservative therapies were not indicated at that time.

IMR ISSUES, DECISIONS AND RATIONALES

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

Additional Acupuncture 2 times a week for 3 weeks to lumbar: Upheld

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

MAXIMUS guideline: Decision based on MTUS Acupuncture Treatment Guidelines.

Decision rationale: The documentation indicates the injured worker having previously undergone acupuncture therapy. Continued acupuncture would be indicated provided the injured worker meets specific criteria to include an objective functional improvement through the initial course of treatment. No objective data was submitted confirming the injured worker's positive response. Therefore, additional acupuncture to the lumbar is not medically necessary.

Work conditioning 2 times a week for 6 weeks lumbar: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Chronic Pain Medical Treatment Guidelines, Work Conditioning, Work Hardening Page(s): 125-126. Decision based on Non-MTUS Citation Official Disability Guidelines, Physical Medicine Guidelines, Work Conditioning.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Work conditioning, work hardening Page(s): 125-126.

Decision rationale: The work conditioning program is recommended as an extension to previously rendered physical therapy program. There is an indication the injured worker has undergone physical therapy however, no objective data was submitted regarding the injured worker's response to treatment. Without this information, it is unclear if the injured worker would benefit from the work conditioning program. The request for work conditioning 2 times a week for 6 weeks is not medically necessary.