

Case Number:	CM14-0060575		
Date Assigned:	07/09/2014	Date of Injury:	07/12/2010
Decision Date:	08/11/2014	UR Denial Date:	04/21/2014
Priority:	Standard	Application Received:	05/01/2014

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 Management, 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 patient is a 43-year-old with date of injury of July 12, 2010. The listed diagnoses per [REDACTED] dated April 9, 2014 are lumbar sprain with cumulative trauma, aggravation of significant preexisting condition, and previous lumbar sprain - separate injury with surgery. According to this report, the patient complains of low back pain with bilateral lower extremity radiation worse on the left than the right. She noticed continued weakness. She has found a good physical therapist who felt she is making progress, but she still has a substantially unstable back and core. Her stability needs to also be improved. Massage and acupuncture treatments are in progress. The patient reports she is somewhat less fatigued. The exam shows extension 15 degrees with low back pain. Hip flexion is 90 degrees. Bilateral straight leg raise is 90 degrees with increasing low back pain to the foot left more than the right. Gait is initially antalgic then normalizes. The utilization review denied the request on April 21, 2014.

IMR ISSUES, DECISIONS AND RATIONALES

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

Additional physical therapy, six sessions: Overturned

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Physical medicine Page(s): 48, 98-99.

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

Decision rationale: This patient presents with low back pain. The treater is requesting 6 additional physical therapy visits. The patient is status post bilateral L3, L4, and L5 dorsal ramus rhizotomy/neuroablation from June 25, 2013. The Chronic Pain Medical Treatment Guidelines recommends eight to ten visits for myalgia, myositis, and neuralgia-type symptoms. The physical therapy report dated April 1, 2014 notes visit 2/2 showing that the patient has greater soft tissue restrictions along the left erector spinae versus the right. The patient also reported good response to lumbar spine mobilizations and stated left lateral PAs were most sensitive. The patient trialed supine 90/90 exercise for cores strengthening, but reported reproduction of back pain. In this case, the patient has received two physical therapy sessions and in combination with the requested six visits are within guidelines. The request for additional physical therapy, six sessions, is medically necessary or appropriate.

Massage therapy, six sessions: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Massage therapy Page(s): 60.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines MTUS Massage therapy Page(s): 60.

Decision rationale: This patient presents with low back pain. The treater is requesting six sessions of massage therapy. The Chronic Pain Medical Treatment Guidelines states that it is recommended as an option in adjunct with other recommended treatments such as exercise and should be limited to 4 to 6 visits. Massage therapy is a passive intervention and treatment dependence should be avoided. The progress report dated 04/09/2014 documents, She has had 6 authorized in the past and this has helped her pain level decrease 30%. In this case, the patient has received 6 sessions with great relief. However, the Chronic Pain Medical Treatment Guidelines does not recommend dependence on this treatment. Furthermore, the requested 6 sessions in combination with the previous 6 sessions that the patient received would exceed Chronic Pain Medical Treatment Guidelines recommendations. The request for massage therapy, six sessions, is not medically necessary or appropriate.

Acupuncture, six sessions: Upheld

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

MAXIMUS guideline: Decision based on MTUS Acupuncture Treatment Guidelines.

Decision rationale: This patient presents with low back pain. The treater is requesting 6 acupuncture sessions. The Acupuncture Medical Treatment Guidelines states that it is recommended as an option when pain medication is reduced or not tolerated and it may be used as an adjunct to physical rehabilitation and/or surgical intervention to hasten functional recovery. In addition, the Acupuncture Medical Treatment Guidelines states that an initial trial of three to six visits is recommended. Treatments may be extended if functional improvement is

documented. The records do not show any acupuncture therapy reports to verify how many treatments the patient has received in the past and with what results were accomplished. However, the April 9, 2014 report documents that the patient was authorized six sessions in the past and she states that it helped her pain. In this case, while the patient reports that acupuncture helped her pain, the treater failed to document functional improvement including decreased pain, increased level of function, or improved quality of life. The request for six sessions of acupuncture is not medically necessary or appropriate.