

Case Number:	CM14-0075962		
Date Assigned:	07/16/2014	Date of Injury:	06/16/2012
Decision Date:	08/14/2014	UR Denial Date:	04/24/2014
Priority:	Standard	Application Received:	05/23/2014

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 Preventative Medicine and is licensed to practice in Iowa. 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 patient is a 47 year old employee with date of injury of 6/16/2012. Medical records indicate the patient is undergoing treatment for degenerative lumbar/lumbosacral disc; other affections of the shoulder and unspecified internal derangement of the knee. Subjective complaints include pain in lower back with radicular symptoms into the right and left leg; complains of leg swelling and difficulty with prolonged sitting, standing, walking and lifting. Objective findings include moderately limited spine range of motion with tightness and spasm in the lumbar paraspinal musculature. There is weakness with active dorsiflexion and plantarflexion bilaterally. Straight leg raise positive at 70 degrees bilaterally. Right knee internal derangement and lumbar strain positive on MRI. Treatment has consisted of Physical Therapy, lumbar spine epidural facet steroid injections and acupuncture. Medications prescribed include: Norco, Prilosec, Ultram and Topomax. The utilization review determination was rendered on 4/24/2014 recommending non-certification of 6 Physical Therapy visits for the knee and 6 Acupuncture visits for low back.

IMR ISSUES, DECISIONS AND RATIONALES

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

Six (6) Physical Therapy visits for the knee: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Physical Medicine Page(s): 98-99. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Knee & Leg (Acute & Chronic), Physical Therapy, ODG Preface - Physical Therapy.

Decision rationale: California MTUS guidelines refer to physical medicine guidelines for physical therapy and recommends as follows: Allow for fading of treatment frequency (from up to 3 visits per week to 1 or less), plus active self-directed home Physical Medicine. Additionally, ACOEM guidelines advise against passive modalities by a therapist unless exercises are to be carried out at home by patient. Regarding physical therapy, ODG states Patients should be formally assessed after a six-visit clinical trial to see if the patient is moving in a positive direction, no direction, or a negative direction (prior to continuing with the physical therapy); & (6) When treatment duration and/or number of visits exceeds the guideline, exceptional factors should be noted. The treating physician has not provided medical documentation of an acute injury, functional deficits on physical exam, re-exacerbation, or clear documentation of previous physical medicine treatments. As such, the request for six (6) Physical Therapy visits for the knee is not medically necessary and appropriate.

Six (6) Acupuncture visits for low back: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines.

MAXIMUS guideline: Decision based on MTUS Acupuncture Treatment Guidelines. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Low Back - Lumbar & Thoracic (Acute & Chronic), Acupuncture.

Decision rationale: MTUS Acupuncture Medical Treatment Guidelines clearly state that 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 medical documents did not provide detail regarding patient's increase or decrease in pain medication. ODG does not recommend acupuncture for acute low back pain, but may want to consider a trial of acupuncture for acute LBP (Low Back Pain) if it would facilitate participation in active rehab efforts. The initial trial should be 3-4 visits over 2 weeks with evidence of objective functional improvement, total of up to 8-12 visits over 4-6 weeks (Note: The evidence is inconclusive for repeating this procedure beyond an initial short course of therapy.) There is no evidence provided that there has been an acute exacerbation of the patient's chronic low back pain. As such, the request for six (6) Acupuncture visits for low back is not medically necessary and appropriate.