

Case Number:	CM14-0081295		
Date Assigned:	07/18/2014	Date of Injury:	07/26/2012
Decision Date:	09/10/2014	UR Denial Date:	05/19/2014
Priority:	Standard	Application Received:	06/02/2014

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 Physical Medicine and Rehabilitation, has a subspecialty in Neuromuscular Medicine and is licensed to practice in Maryland. 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 47 year old male with a work injury dated 7/26/12. The diagnoses include disorder of sacrum; lumbar intervertebral disc disorder; radicular syndrome to lower limb, disorder of the bursae in the shoulders. Under consideration is a request for acupuncture two times a week for 3-4 weeks and physical therapy two times a week for three weeks. Per a progress note dated 5/19/14 the patient finished acupuncture treatments (9 sessions). He is status post epidural steroid injection and had pain relief for 1 week and was able to abstain from pain medications. The pain has now returned. He states his left shoulder pains have been there and is not improving since injury. Currently, the patient complains of pain in the low back and both lower legs, as well as the bottom of both feet right worse than left. The pain is associated with little numbness, tingling in the legs or feet, denies weakness in legs. He is experiencing night pain in the left upper arm/shoulder, also stiffness and tingling in both feet, and weakness in the lower part of the back and both feet. Medications are helping. The patient states that he had had 22 chiropractic sessions without lasting benefit. On physical exam his low back is rated 3/10 without medications and 2/10 with medications. The pain/pounding and numbness is still better, and tingling is not as bad. There is some throbbing on bottom of foot after standing on it and showering. The foot bothers him more than back. The pain is worse with standing forma long, walking too much, and lifting heavy weights, and is better with medications, rest, lying flat, heat, taking hot shower and chiropractic treatment. The patient states that since the injury, his symptoms have been improving and are 50% better. On exam he ambulates without an assistive device with a normal gait pattern. He sits comfortably. Examination of the lumbar spine reveals range of motion to forward flexion is 50 degrees, extension is 20 degrees, and side bending is 25 degrees to the right and to the left. Inspection of the lumbar spine reveals no asymmetry or

scoliosis. There is normal alignment with normal lumbar lordosis. There is tenderness to palpation over the bilateral lumbar paraspinal muscle with spasm. There is sciatic notch tenderness. No gluteal spasm and no piriformis spasm. The straight leg raise test is positive at 45 degrees and in sitting position bilaterally right > left. The left shoulder reveals limited range of motion with abduction anterior and laterally only to 90 degrees, mild tenderness to palpation anterior shoulder. There is mild positive Yergason's, mild crossed arm test, mild positive Hawkins's test. There is normal bulk and tone in all major muscle groups of the lower extremities. No atrophy is noted. Motor strength is 5/5 and symmetric throughout the bilateral lower extremities. There is diminished sensation in the right L5 and S1 dermatomes of the lower extremities. Reflexes are symmetric at 2+/4 in the bilateral lower extremities but 1/4 in the right ankle.

IMR ISSUES, DECISIONS AND RATIONALES

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

Acupuncture 2x/wk for 3-4 weeks: Upheld

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

MAXIMUS guideline: Decision based on MTUS Acupuncture Treatment Guidelines.

Decision rationale: Acupuncture two (2) times a week for 3-4 weeks is not medically necessary per the MTUS Acupuncture Medical Treatment Guidelines. The MTUS guidelines state that the time to produce functional improvement is 3 to 6 treatments. The documentation indicates that the patient has had 9 sessions without significant functional improvement as defined by the MTUS. The request for additional acupuncture two times a week for three to four weeks is not medically necessary.

Physical therapy two (2) times a week for three (3) weeks: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines, Low Back, Physical Therapy.

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

Decision rationale: Physical therapy is not medically necessary per the MTUS Chronic Pain Medical Treatment Guidelines. The guidelines recommend up to 10 visits for this condition. The documentation indicates that the patient has had prior therapy but it is unclear how many sessions he has had and the outcome of this therapy. Without this information additional therapy cannot be considered medically necessary. Therefore, the request for physical therapy is not medically necessary.

