

Case Number:	CM14-0083909		
Date Assigned:	07/21/2014	Date of Injury:	04/26/2010
Decision Date:	08/27/2014	UR Denial Date:	05/28/2014
Priority:	Standard	Application Received:	06/05/2014

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 and is licensed to practice in Illinois. 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 40-year-old male who reported an injury on 04/26/2010, reportedly as a result of lifting on the job injured his back. The injured worker's treatment history included an MRI, x-rays, medications, injections, Electromyography (EMG)/Nerve Conduction Velocity (NCV), shockwave therapy, and chiropractic treatment. On 02/11/2014, the injured worker had undergone an electrodiagnostic study on the lower extremities that was within normal limits. In the documentation submitted it was noted the injured worker had undergone a lumbar epidural steroid injection. However, the outcome measurements were not submitted for this review. The injured worker was evaluated on 02/06/2014 and it was documented the injured worker had good strength in his lower extremities. There was tenderness to the paravertebral muscles in the right side of the dorsal spine, midline in the area of L2-3, L3-4, and L4-5 in the right paravertebral muscles. Medications included Naprosyn and Flexeril. Diagnoses included thoracic spine strain, lumbar spine disc bulge, right knee strain, left knee strain, and other problem unrelated to evaluation. The request for authorization or rationale was not submitted for this review.

IMR ISSUES, DECISIONS AND RATIONALES

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

Acupuncture 2 times a week for 4 weeks to Low Back: Upheld

Claims Administrator guideline: Decision based on MTUS Acupuncture Treatment Guidelines. Decision based on Non-MTUS Citation Official Disability Guidelines.

MAXIMUS guideline: Decision based on MTUS Acupuncture Treatment Guidelines.

Decision rationale: Per the Acupuncture Medical Treatment Guidelines, it is stated Acupuncture Medical Treatment Guidelines 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. It is the insertion and removal of filiform needles to stimulate acupoints (acupuncture points). Needles may be inserted, manipulated, and retained for a period of time. Acupuncture can be used to reduce pain, reduce inflammation, increase blood flow, increase range of motion, decrease the side effect of medication-induced nausea, promote relaxation in an anxious patient, and reduce muscle spasm. The guidelines state that the frequency and duration of acupuncture with electrical stimulation may be performed to produce functional improvement for up to 3 to 6 treatments no more than 1 to 3 times per week with a duration of 1 to 2 months. Acupuncture treatments may be extended if functional improvement is documented. The clinical documentation indicated that the injured worker previously participated in chiropractic treatment, however outcome measurements were not provided for review. In addition, the documents submitted failed to indicate injured worker long-term functional goals. Given the above, the request for acupuncture 2 times a week for 4 weeks to low back is not medically necessary and appropriate.

Aquatic Therapy 2 times a week for 4 weeks to Low Back: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Aquatic Therapy & Physical Medicine Page(s): 22, 98-99.

Decision rationale: The CA MTUS Chronic Pain Medical Treatment Guideline recommends aqua therapy as an optional form of exercise therapy, where available as alternative to land based physical therapy. Aquatic therapy (including swimming) can minimize the effects of gravity so it is especially recommended when reduced weight bearing is desirable, for example, extreme obesity. Physical medicine guidelines recommend a total of 9-10 visits over 8 weeks for myalgia and myositis, and 8-10 visits over 4 weeks for neuralgia, neuritis, and radiculitis. It was noted that the injured worker had prior sessions of chiropractic treatment; however, there was lack of documentation provided on the outcome measure and functional improvement. There was lack of documentation on the injured worker's outcome of conservative care such as pain medication management or home exercise regimen. Furthermore, the documentation lacked the injured worker long-term goal for functional improvement. Given the above, request for aquatic therapy 2 times a week for 4 weeks to low back is not medically necessary and appropriate.

Lumbar Facet Injection (location not specified): Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation (ODG) Official Disability Guidelines, Lumbar Facet Injection.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints
Page(s): 301.

Decision rationale: According to the California MTUS/ACOEM Guidelines state invasive techniques (e.g., local injections and facet joint injections of cortisone and lidocaine) are of questionable merit. The documents submitted for review lacked outcome measurements of conservative care such as, physical therapy sessions and home exercise regimen for the injured worker. In addition, the request failed to indicate levels and quantity. Given the above, the request for the lumbar spine (quantity and levels unknown) is not medically necessary and appropriate.