

Case Number:	CM14-0087009		
Date Assigned:	07/23/2014	Date of Injury:	09/01/2000
Decision Date:	09/19/2014	UR Denial Date:	05/20/2014
Priority:	Standard	Application Received:	06/10/2014

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 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:

According to the records made available for review, this is a 49-year-old female with a 9/1/00 date of injury. At the time (5/13/14) of request for authorization for physical therapy sessions (unspecified body part and duration) and acupuncture sessions (unspecified body part and duration), there is documentation of subjective complaint of low back pain, left foot pain, and left knee pain. The objective findings include tenderness to palpation over the lumbar paravertebral muscles with spasms, positive straight leg raise test, antalgic gait, decreased lumbar range of motion with pain, decreased sensation over the left L4 dermatome, and decreased Achilles and patellar reflexes. The current diagnoses are lumbosacral neuritis, lumbago, lumbar disc displacement, and lumbar radiculopathy. Treatment to date is physical therapy (unknown amount) and chiropractic therapy. In addition, medical report identifies a request for physical therapy 3 times a week for 4 weeks (12 sessions) and acupuncture for 10 sessions for low back spasms. Regarding physical therapy sessions (unspecified body part and duration), the timing and the amount of the physical therapy provided to date, as well as whether this is a request for re-initiating or additional physical therapy cannot be determined. Regarding acupuncture sessions (unspecified body part and duration), it cannot be determined if this is a request for initial or additional acupuncture therapy.

IMR ISSUES, DECISIONS AND RATIONALES

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

Physical therapy sessions (unspecified body part and duration): 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 Physical Medicine Page(s): 98. Decision based on Non-MTUS Official Disability Guidelines (ODG), Low Back, Physical Therapy.

Decision rationale: MTUS Chronic Pain Medical Treatment Guidelines support a brief course of physical medicine for patients with chronic pain not to exceed 10 visits over 4-8 weeks with allowance for fading of treatment frequency, with transition to an active self-directed program of independent home physical medicine/therapeutic exercise. MTUS-Definitions identifies that any treatment intervention should not be continued in the absence of functional benefit or improvement as a reduction in work restrictions; an increase in activity tolerance; and/or a reduction in the use of medications or medical services. The Official Disability Guidelines (ODG) recommends a limited course of physical therapy for patients with a diagnosis of lumbar disc displacement not to exceed 10 visits over 8 weeks. ODG also notes 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) and when treatment requests exceeds guideline recommendations, the physician must provide a statement of exceptional factors to justify going outside of guideline parameters. Within the medical information available for review, there is documentation of diagnoses of lumbosacral neuritis, lumbago, lumbar disc displacement, and lumbar radiculopathy. In addition, there is documentation of a request for physical therapy 3 times a week for 4 weeks (12 sessions) for low back spasms. Furthermore, there is documentation of previous physical therapy. However, it is not clear if this is a request for re-initiating (where previous physical therapy has not been recent) or additional (where previous physical therapy is recent and may have already exceeded guidelines regarding a time-limited plan and there is the necessity of documenting functional improvement) physical therapy. Therefore, based on guidelines and a review of the evidence, the request for physical therapy sessions (unspecified body part and duration) is not medically necessary.

Acupuncture sessions (unspecified body part and duration): Upheld

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

MAXIMUS guideline: Decision based on MTUS Acupuncture Treatment Guidelines.

Decision rationale: MTUS Acupuncture Medical Treatment Guidelines identifies that acupuncture may be 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, 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. In addition, MTUS Acupuncture Medical Treatment Guidelines allow the use of acupuncture for musculoskeletal conditions for a frequency and duration of treatment

as follows: Time to produce functional improvement of 3-6 treatments, frequency of 1-3 times per week, and duration of 1-2 months. MTUS-Definitions identifies that any treatment intervention should not be continued in the absence of functional benefit or improvement as a reduction in work restrictions; an increase in activity tolerance; and/or a reduction in the use of medications or medical services. Within the medical information available for review, there is documentation of diagnoses of lumbosacral neuritis, lumbago, lumbar disc displacement, and lumbar radiculopathy. In addition, there is documentation of a request for acupuncture for 10 sessions for low back spasms. However, given documentation of a 9/1/00 date of injury, where there would have been an opportunity to have had previous acupuncture therapy, it is not clear if this is a request for initial or additional (where acupuncture therapy provided to date may have already exceeded guidelines regarding a time-limited plan and there is the necessity of documenting functional improvement) acupuncture therapy. Therefore, based on guidelines and a review of the evidence, the request for acupuncture sessions (unspecified body part and duration) is not medically necessary.