

Case Number:	CM14-0093563		
Date Assigned:	07/25/2014	Date of Injury:	08/28/2012
Decision Date:	09/09/2014	UR Denial Date:	06/06/2014
Priority:	Standard	Application Received:	06/19/2014

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 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 injured worker is a 46-year-old left-hand dominant male who sustained work-related injuries on August 28, 2012. He has history of gout and injury of right torn pectoralis muscle in 2008 after weight-lifting. A magnetic resonance imaging (MRI) scan of the lumbar spine dated October 18, 2012 revealed L3-4 level shows a 2-mm circumferential disk bulge, mild foraminal narrowing is demonstrated; L4-5 level, shows a 2-mm circumferential disc bulge with mild foraminal narrowing demonstrated. L5-S1 level, shows a 2-mm circumferential disc bulge with mild foraminal narrowing demonstrated. No cauda equina compression, central canal stenosis, nerve root impingement, or compression fracture was noted. Per medical records dated November 9, 2012, he was recommended to undergo physical therapy twice a week for eight weeks directed to the low back with attention to home exercises as well as left sacroiliac joint injections. Medicals dated March 19, 2014 notes that he continued to have left-sided low back pain without any radicular symptoms, bending aggravated his pain. Overall, he rated his pain as 3/10 using Visual Analogue Scale with 4/10 as baseline but would go up to 5/10 during flare-ups. He was documented to start with this functional restoration program on March 31, 2014. Medicals dated May 28, 2014, noted that he recently graduated from his functional restoration program and would like to return to work but does feel the need on strengthening for around six weeks prior to doing so he will not re-injure himself. He was noted to be doing a home exercise program every day and would like to trial acupuncture which he has not had in the past. However, he continued to report of left-sided low back axial pain. Medicals dated June 5, 2014 show the treating physician had a peer to peer call with a utilization review physician regarding the requested acupuncture of the lumbar spine. The reviewing physician stated that both therapies should not be completed at the same time as it would be difficult to accurately assess benefit from either therapy. He recommended that the benefits after four sessions of acupuncture

should be assessed and to complete his home exercise program during that time then physical therapy may be requested. As per Appeal letter dated June 20, 2014, while doing his usual and customary duties as a ramp service provider he injured his back during a moving of heavy freight items. He has seen multiple providers including chiropractic treatment which provided some improvement but was still unable to go back to work. He was initially seen by his treating physician on September 18, 2013 wherein he continued to have chronic low back pain. He also stated that he did improve in terms of strength and range of motion however he continued to report left-sided low back axial pain with no radicular symptoms. A physical examination noted that he has limited range of motion with the exception of flexion bilateral bending, spasm and guarding was noted. Noted in the appeal letter is the modification from 12 physical therapy sessions down to six sessions for core strengthening. He is diagnosed with lumbar disc displacement without myelopathy. This is a review regarding the requested 12 physical therapy sessions to the lumbar spine.

IMR ISSUES, DECISIONS AND RATIONALES

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

12 sessions of Physical Therapy for the Lumbar: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints, Acupuncture Treatment Guidelines, Chronic Pain Treatment Guidelines.

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

Decision rationale: Based on the provided documents, the injured worker has had prior therapies directed to the low back as part of his functional restoration program. However, documentation show the treating physician and the utilization review physician both agreed that the benefits of four (4) acupuncture sessions will be assessed first to check its efficacy and benefits then physical therapy may be requested. However, the presented documentation does not indicate any information regarding the agreed assessment after four acupuncture sessions. Based on the agreement between the treating physician and the utilization review physician, as well as the absence of documentation regarding the effects of the authorized acupuncture sessions, the requested 12 physical therapy sessions is not medically necessary.