MAXIMUS Federal Services

Case Number:	CM14-0145875		
Date Assigned:	09/12/2014	Date of Injury:	02/15/2012
Decision Date:	01/14/2015	UR Denial Date:	09/03/2014
Priority:	Standard	Application Received:	09/08/2014

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 & 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 underlying date of injury in this case is 02/15/2012. The date of the utilization review under appeal is 09/03/2014. This patient was initially injured when she fell off a chair and injured her bilateral shoulders and low back. Diagnoses include lumbago, lumbosacral neuritis, lumbar sprain, spondylolisthesis, lumbar disc displacement, shoulder joint pain, and lumbar disc degeneration. On 08/22/2014, the patient was seen in initial pain consultation regarding her injury of February 2012 when she fell off a chair at work and injured her bilateral shoulders and lower back. The patient reported ongoing pain primarily in her lower back and radiating to both legs, worse on the right, with associated numbness and tingling. The patient reported that some of her pain improved after surgery but she still had significant pain, particularly shooting down her right leg to her right foot and heel. The patient reported she was still not able to work. She was taking hydrocodone, Lyrica, and diazepam. The patient overall was felt to have shoulder pain with lumbar degenerative disc disease, lumbar bulging disc, lumbar facet arthropathy, and a postlaminectomy syndrome. The treating physician agreed with continuing the patient's medications including a signed opiate contract and noted the patient was requesting aquatic therapy, acupuncture, and a psychiatric consultation. The treating physician agreed with these requests.

IMR ISSUES, DECISIONS AND RATIONALES

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

Acupuncture therapy x 12 visits- bilateral low back area, shoulder: Upheld

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

MAXIMUS guideline: Decision based on MTUS Acupuncture Treatment Guidelines.

Decision rationale: The Medical Treatment Utilization Schedule Acupuncture Medical Treatment Guidelines, section 24.1, page 8, recommends acupuncture as an option to hasten functional recovery, with the recommendation for 3-6 treatments in order to produce functional improvement. The current request for 12 visits substantially exceeds this guideline. The records do not provide a rationale for exception to this guideline. This request is not medically necessary.

Additional aqua therapy x 12 visits- bilateral low back area, shoulder: Upheld

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

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

Decision rationale: The Medical Treatment Utilization Schedule Chronic Pain Medical Treatment Guidelines, section on physical medicine, page 99, recommend transition to an independent active home rehabilitation program. This patient would be expected to have previously transitioned to such an independent home rehabilitation program. The records and guidelines do not provide an alternate rationale at this time as to why the patient instead would require additional supervised therapy. Overall this request is not medically necessary.