

Case Number:	CM14-0184181		
Date Assigned:	11/12/2014	Date of Injury:	06/15/2011
Decision Date:	01/05/2015	UR Denial Date:	10/20/2014
Priority:	Standard	Application Received:	11/05/2014

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 Occupational Medicine 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 applicant is a represented [REDACTED] employee who has filed a claim for chronic low back pain reportedly associated with an industrial injury of June 15, 2011. In a Utilization Review Report dated October 20, 2014, the claims administrator denied request for 12 sessions of physical therapy and eight sessions of acupuncture, citing progress notes of October 14, 2014 and an undated progress report of August 2014. The claims administrator stated that the applicant had had 20 sessions of acupuncture and 12 sessions of physical therapy through that point in time. The applicant's attorney subsequently appealed. In an October 6, 2014 physical therapy progress note, it was acknowledged that the applicant had had 11 sessions of physical therapy on this particular course of treatment. The applicant was having difficulty with standing, walking, grocery shopping, cooking, and negotiating stairs secondary to pain, it was acknowledged. The applicant was using H-Wave device. The applicant's work status was not furnished. In an August 6, 2014 progress note, the applicant reported ongoing complaints of low back pain and headaches. Twelve sessions of physical therapy and eight additional sessions of acupuncture were sought while Ambien, Motrin, and Prilosec were renewed. The applicant was kept off of work, on total temporary disability. On September 3, 2014, the applicant was asked to pursue 12 sessions of physical therapy and unspecified amounts of acupuncture. Tramadol, Prilosec, and Ambien were endorsed while the applicant was kept off of work, on total temporary disability owing to ongoing complaints of low back pain.

IMR ISSUES, DECISIONS AND RATIONALES

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

Physical therapy 2 x 6 lumbar: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Physical Medicine topic, Functional Restoration Approach to Chronic Pain Management section, 979.

Decision rationale: The 12-session course of treatment proposed, in and of itself, represents treatment in excess of the 8- to 10-session course recommended on page 99 of the MTUS Chronic Pain Medical Treatment Guidelines for radiculitis, the diagnosis reportedly present here. Page 8 of the MTUS Chronic Pain Medical Treatment Guidelines further stipulates that there must be some demonstration of functional improvement at various milestones in the treatment program in order to justify continued treatment. Here, however, the applicant is off of work, on total temporary disability, despite having had at least 12 prior sessions of physical therapy, per the claims administrator. The applicant remains dependent on various analgesic medications, including Motrin, Norco, tramadol, etc. All of the foregoing, taken together, suggests a lack of functional improvement as defined in MTUS 9792.20f, despite earlier physical therapy already in excess of MTUS parameters. Therefore, the request for additional physical therapy is not medically necessary.

8 sessions of acupuncture: Upheld

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

MAXIMUS guideline: Decision based on MTUS Acupuncture Treatment Guidelines.

Decision rationale: The request in question does represent a repeat or renewal request for acupuncture. As noted in the Acupuncture Medical Treatment Guidelines in MTUS 9792.24.1.d, acupuncture treatments may be extended if there is evidence of functional improvement as defined in section 9792.20f. Here, however, the applicant is off of work, on total temporary disability, despite having had 20 prior sessions of acupuncture, per the claims administrator. The applicant remains dependent on several different opioid agents, including Norco and tramadol. All of the foregoing, taken together, suggests a lack of functional improvement as defined in MTUS 9792.20f, despite the extensive prior acupuncture treatment. Therefore, the request for additional acupuncture is not medically necessary.