

Case Number:	CM14-0192333		
Date Assigned:	11/26/2014	Date of Injury:	08/28/2013
Decision Date:	01/14/2015	UR Denial Date:	10/28/2014
Priority:	Standard	Application Received:	11/17/2014

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, has a subspecialty in Pain Medicine and Spinal Cord Medicine, and is licensed to practice in Massachusetts. 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 claimant has a history of a work injury occurring on 08/28/13 when, while working for an auto dealership, he injured his low back when he picked up a car buffer. There are physical therapy treatments documented with an initial evaluation on 11/12/13. Acupuncture treatments are documented beginning on 03/20/14. He was seen by the requesting provider on 05/05/14. He was participating in physical therapy and acupuncture treatments. He was having severe low back pain radiating into his leg. Physical examination findings included lumbar spine spasms and decreased range of motion. Recommendations included a lumbar epidural steroid injection and consideration of surgery. On 08/04/14 he was ambulating with a cane. Straight leg raising and Lasegue testing were positive. He had decreased lower extremity sensation. He was noted to ambulate with a cane. Lumbar spine surgery was recommended. On 09/08/14 he was having ongoing severe low back pain radiating into his leg. Surgery had been recommended. On 10/13/14 there had been no improvement after a second epidural injection. Physical examination findings included an antalgic gait. There was decreased lumbar spine range of motion with muscle spasms and spinous process and lumbosacral junction tenderness. There was positive straight leg raise, Lasegue, Patrick's, and sciatic extension testing. There was lower extremity weakness. He was referred for a lumbar decompression and fusion.

IMR ISSUES, DECISIONS AND RATIONALES

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

IF Unit: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines. Decision based on Non-MTUS Citation Official Disability Guidelines National Library of Medicine

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Current Stimulation (ICS) Page(s): 118-120.

Decision rationale: The claimant is more than one year status post work-related injury and continues to be treated for chronic radiating low back pain. Treatments have included medications, physical therapy, acupuncture, and lumbar spine surgery has been recommended. Criteria for continued use of an interferential stimulation unit include evidence of increased functional improvement, less reported pain and evidence of medication reduction during a one month trial. In this case, the claimant has not undergone a trial of interferential stimulation and therefore purchase of a home interferential unit is not medically necessary.

Acupuncture one time a week for four weeks: Upheld

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

MAXIMUS guideline: Decision based on MTUS Acupuncture Treatment Guidelines.

Decision rationale: The claimant is more than one year status post work-related injury and continues to be treated for chronic radiating low back pain. Treatments have included medications, physical therapy, acupuncture, and lumbar spine surgery has been recommended. Guidelines recommend acupuncture as an option as an adjunct to physical rehabilitation with up to 6 treatments 1 to 3 times per week with extension of treatment if functional improvement is documented. In this case, the claimant has already had acupuncture treatments without evidence of functional improvement. Therefore, the requested continuation of acupuncture treatment is not medically necessary.

Physical Therapy one time a week for four weeks: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation ACOEM Practice Guidelines Pain Suffering, and Restoration Chapter, page 114 Official Disability Guidelines

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Chronic pain, Physical medicine treatment; Preface, Physical Therapy Guidelines.

Decision rationale: The claimant is more than one year status post work-related injury and continues to be treated for chronic radiating low back pain. Treatments have included medications, physical therapy, acupuncture, and lumbar spine surgery has been recommended. In terms of physical therapy treatment for chronic pain, compliance with a home exercise program would be expected and would not require continued skilled physical therapy oversight. Providing

additional skilled physical therapy services would not reflect a fading of treatment frequency and would promote dependence on therapy provided treatments. The claimant has no other identified impairment that would preclude her from performing such a program. Therefore, additional physical therapy is not medically necessary.