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| Case Number: | CM14-0205434 | | |
| Date Assigned: | 12/17/2014 | Date of Injury: | 10/07/2005 |
| Decision Date: | 02/05/2015 | UR Denial Date: | 11/28/2014 |
| Priority: | Standard | Application Received: | 12/08/2014 |

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 Emergency 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 injured worker is a 46-year-old female, who sustained an injury on October 7, 2005. The mechanism of injury is not noted. Treatments have included: TENS, physical therapy, medications, home exercise program. The current diagnoses are: lumbago, lumbar sprain. The stated purpose of the request for Acupuncture (6) Lumbar and/or sacral vertebrae was not noted. The request for Acupuncture (6) Lumbar and/or sacral vertebrae was denied on November 28, 2014, citing a lack of documentation of functional goals. The stated purpose of the request for Pool therapy (6) Lumbar and/or sacral vertebrae was not noted. The request for Pool therapy (6) Lumbar and/or sacral vertebrae was denied on November 28, 2014, citing a lack of documentation of intolerance to land-based physical therapy. Per the report dated October 31, 2014 the treating physician noted complaints of low back pain. Exam showed lumbar paraspinal spasm and tenderness with negative straight leg raising tests.

IMR ISSUES, DECISIONS AND RATIONALES

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

Acupuncture (6) Lumbar and/or sacral vertebrae: Overturned

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

MAXIMUS guideline: Decision based on MTUS Acupuncture Treatment Guidelines.

Decision rationale: The requested Acupuncture (6) Lumbar and/or sacral vertebrae, is medically necessary. CA MTUS Acupuncture Guidelines recommend note that in general acupuncture "may be used as an adjunct to physical rehabilitation. The injured worker has low back pain. The treating physician has documented lumbar paraspinal spasm and tenderness with negative straight leg raising tests. The request for Acupuncture (6) Lumbar and/or sacral vertebrae was denied on November 28, 2014, citing a lack of documentation of functional goals. The treating physician has documented the injured worker's participation in a home exercise program, which would be considered an integral part of a functional rehabilitation program, and therefore the medical necessity for a trial of acupuncture has been established. The criteria noted above having been met, Acupuncture (6) Lumbar and/or sacral vertebrae is medically necessary.

Pool therapy (6) Lumbar and/or sacral vertebrae: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Aquatic Therapy Page(s): 22.

Decision rationale: The requested Pool therapy (6) Lumbar and/or sacral vertebrae, is not medically necessary. Chronic Pain Medical Treatment Guidelines, Aquatic Therapy, Page 22, note that aquatic therapy is "Recommended as an optional form of exercise therapy, where available, as an alternative to land-based physical therapy. Aquatic therapy (including swimming) can minimize the effects of gravity, so it is specifically recommended where reduced weight bearing is desirable, for example extreme obesity. The injured worker has low back pain. The treating physician has documented lumbar paraspinal spasm and tenderness with negative straight leg raising tests. The treating physician has not documented failed land-based therapy or the patient's inability to tolerate a gravity-resisted therapy program. The criteria noted above not having been met, Pool therapy (6) Lumbar and/or sacral vertebrae is not medically necessary.