

Case Number:	CM15-0006948		
Date Assigned:	01/22/2015	Date of Injury:	02/28/2007
Decision Date:	03/18/2015	UR Denial Date:	12/11/2014
Priority:	Standard	Application Received:	01/13/2015

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. 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/Service. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

The Expert Reviewer has the following credentials:
 State(s) of Licensure: California
 Certification(s)/Specialty: Physical Medicine & Rehabilitation

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 44 year old male, who sustained an industrial injury on 2/28/07. He has reported low back pain. The diagnoses have included herniated L4-L5 and L5-S1 discs with radiculitis. Treatment to date has included epidural injections, MRI lumbar spine, and oral medications. As of the PR2 on 11/19/14, the injured worker reports continued low back pain. The treating physician is requesting a referral to orthopedics, physical therapy 2 x week for 6 weeks and acupuncture 1 x week for 6 weeks. On 12/11/14 Utilization Review non-certified a request for a referral to orthopedics, physical therapy 2 x week for 6 weeks and acupuncture 1 x week for 6 weeks. The UR physician cited the MTUS guidelines for chronic pain medical treatment. On 1/13/15, the injured worker submitted an application for IMR for review of a referral to orthopedics, physical therapy 2 x week for 6 weeks and acupuncture 1 x week for 6 weeks.

IMR ISSUES, DECISIONS AND RATIONALES

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

Specialist referral to orthopedics QTY: 1.00: Overturned

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation ACOEM Practice Guidelines, 2nd Edition (2004), Independent medical examination and consultations. Ch:7

Decision rationale: The patient presents with low back pain. The request is for Specialist Referral to Orthopedics QTY: 1.00. The RFA is not included. Patient's diagnosis included herniated L4-L5 and L5-S1 discs with radiculitis. Treatment to date has included epidural injections, MRI lumbar spine, and oral medications. Patient is permanent and stationary. American College of Occupational and Environmental Medicine (ACOEM), 2nd Edition, (2004) ACOEM guidelines, chapter 7, page 127 state that the occupational health practitioner may refer to other specialists if a diagnosis is uncertain or extremely complex, when psychosocial factors are present, or when the plan or course of care may benefit from additional expertise. A referral may be for consultation to aid in the diagnosis, prognosis, therapeutic management, determination of medical stability, and permanent residual loss and/or the examinee's fitness for return to work. Given the patient's chronic low back pain, a referral for spine surgeon consultation is within ACOEM Guidelines. This request IS medically necessary.

Physical therapy 2 times a week for 6 weeks in treatment of the lower back QTY: 12.00:
Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 99.

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

Decision rationale: The patient presents with low back pain. The request is for Physical Therapy 2 Times A Week For 6 Weeks In Treatment Of The Lower Back QTY: 12.00. The RFA is not included. Patient's diagnosis included herniated L4-L5 and L5-S1 discs with radiculitis. Treatment to date has included epidural injections, MRI lumbar spine, and oral medications. Patient is permanent and stationary. MTUS pages 98, 99 has the following: "Physical Medicine: recommended as indicated below. Allow for fading of treatment frequency (from up to 3 visits per week to 1 or less), plus active self-directed home Physical Medicine." MTUS guidelines pages 98, 99 states that for "Myalgia and myositis, 9-10 visits are recommended over 8 weeks. For Neuralgia, neuritis, and radiculitis, 8-10 visits over 4 weeks are recommended." Review of the progress report dated 11/19/14 does not show prior PT treatments. Given the patient's chronic low back pain, the requested physical therapy treatment may be reasonable; however, the request for 12 sessions exceeds what is recommended by MTUS. Therefore, the request IS NOT medically necessary.

Acupuncture 1 time a week for 6 weeks in treatment of the lower back QTY: 6.00:
Overturned

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines 9792.24.1. Acupuncture Medical Treatment Guidelines Page(s): 13.

Decision rationale: The patient presents with low back pain. The request is for Acupuncture 1 Time A Week For 6 Weeks In Treatment Of The Lower Back QTY: 6.00. The RFA is not included. Patient's diagnosis included herniated L4-L5 and L5-S1 discs with radiculitis. Treatment to date has included epidural injections, MRI lumbar spine, and oral medications. Patient is permanent and stationary. 9792.24.1. Acupuncture Medical Treatment Guidelines. MTUS pg. 13 of 127 states: "(i) Time to produce functional improvement: 3 to 6 treatments (ii) Frequency: 1 to 3 times per week (iii) Optimum duration: 1 to 2 months. (D) Acupuncture treatments may be extended if functional improvement is documented as defined in Section 9792.20 (e)." Review of the progress report dated 11/19/14 does not show prior acupuncture treatments. Given the patient's chronic low back pain, the requested acupuncture treatment may be reasonable and is compliant with the guidelines. Therefore, the request IS medically necessary.