

Case Number:	CM15-0009299		
Date Assigned:	01/27/2015	Date of Injury:	12/23/2013
Decision Date:	03/23/2015	UR Denial Date:	01/15/2015
Priority:	Standard	Application Received:	01/15/2015

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 38-year-old female, who sustained an industrial injury on December 23, 2013. The diagnoses have included sciatica, sub-optimal control. Treatment to date has included electromyogram, nerve conduction study of bilateral lower extremities. Currently, the injured worker complains of low back pain with radiation to the left thigh. On December 22, 2014 Utilization Review non-certified an acupuncture six sessions and physical therapy times six sessions for lumbar spine, noting, Medical Treatment Utilization Schedule Guidelines was cited. On December 18, 2014, the injured worker submitted an application for IMR for review of acupuncture six sessions and physical therapy times six sessions for lumbar spine.

IMR ISSUES, DECISIONS AND RATIONALES

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

Acupuncture 2 times per week for 3 weeks: Upheld

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

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on MTUS Citation 9792.24.1. Acupuncture Medical Treatment Guidelines

Decision rationale: The patient presents with lower back pain radiating to the left leg. The request is for ACUPUNCTURE 2 TIMES PER WEEK FOR 3 WEEKS. Per 10/30/14 progress report, patient's diagnosis includes chronic low back pain. Based on the 11/10/14 progress report, EMG & NCV tests revealed evidence of mild acute L5 radiculopathy. Patient has had 12 acupuncture treatment sessions. Per 12/02/14 progress report, patient's medications include Amlodipine, Diclofenac and Lisinopril. Patient's work status was not specified. 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)." Per UR letter dated 12/22/14, patient has completed 12 acupuncture treatment sessions. However, the treater does not discuss the outcome in terms of functional improvement. On additional acupuncture treatments, MTUS requires documentation of functional improvement, defined by labor code 9792.20(e) as significant change in ADL's, or change in work status AND reduced dependence on other medical treatments, prior to extending additional treatments. There are no discussions of significant change in ADL's or work function, nor documented decrease in medications, to warrant extension of acupuncture treatment. Therefore, the request IS NOT medically necessary.

Physical therapy 2 times per week for 3 weeks for the lumbar spine: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Physical Medicine Page(s): 98-99. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG); Low Back Procedure Summary last updated 11/21/14

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

Decision rationale: The patient presents with lower back pain radiating to the left leg. The request is for PHYSICAL THERAPY 2 TIMES PER WEEK FOR 3 WEEKS. Per 10/30/14 progress report, patient's diagnosis includes chronic low back pain. Based on the 11/10/14 progress report, EMG & NCV tests revealed evidence of mild acute L5 radiculopathy. Patient has completed 9 physical therapy sessions with some benefit. Per 12/02/14 progress report, patient's medications include Amlodipine, Diclofenac and Lisinopril. Patient's work status was not specified. MTUS pages 98, 99 have 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." Treater has not provided reason for the request. Given patient's diagnosis, a short course of physical therapy would be indicated. However, patient has already had 9 sessions of physical therapy. Treater has not provided documentation or discussion on why additional physical therapy is needed, nor

indicated why patient cannot move on to home therapy program. Therefore, the request IS NOT medically necessary.