

Case Number:	CM15-0009776		
Date Assigned:	01/30/2015	Date of Injury:	12/05/2011
Decision Date:	03/26/2015	UR Denial Date:	12/10/2014
Priority:	Standard	Application Received:	01/16/2015

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:

This 34 year old female sustained an industrial injury on 12/5/11. She subsequently reports chronic back pain. Diagnoses include lumbar facet arthropathy and lumbosacral sprain. Current treatments include physical therapy, chiropractic care and pain medications. The UR decision dated 12/10/14 non-certified 1. Physical Therapy 1-2X4 for the Low Back; 2. Acupuncture 1-2X4 for the Low Back; 3. X-ray of Bilateral Knees; 4. Pain Management Consultation. The 1. Physical Therapy 1-2X4 for the Low Back; 2. Acupuncture 1-2X4 for the Low Back; 3. X-ray of Bilateral Knees; 4. Pain Management Consultation were denied based on CA MTUS and ACOEM guidelines.

IMR ISSUES, DECISIONS AND RATIONALES

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

Physical Therapy 1-2X4 for the low back: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Physical Medicine Page(s): 98-99.

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

Decision rationale: This patient presents with chronic now back pain that radiates into the legs with numbness and tingling. The patient also complains of intermittent moderate right knee pain and stiffness. The current request is for PHYSICAL THERAPY 1-2 X4 FOR THE LOW BACK. The Utilization review denied the request stating that the patient has already undergone prior course of physical therapy. For physical medicine, the MTUS guidelines pages 98-99 recommends for myalgia, myositis and neuritis type symptoms 9-10 visits over 8 weeks. According to progress report dated 5/29/14, the treatment plan was for "P.T. 3x4, acupuncture 2x4." On 10/30/14, the treating physician requested "PT and acupuncture 1x-2x a week for to increase ROM and decrease pain/spasm." The objective response to prior therapy was not documented in the medical reports submitted for this request. In this case, it appears that this patient has participated in a recent course of physical therapy and the treating physician does not discuss why the patient is unable to transition into a self directed home exercise program. Furthermore, there was no report of new injury, new surgery or new diagnosis that could substantiate the request. The requested physical therapy IS NOT medically necessary.

Acupuncture 1-2x4 for the low back: Upheld

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

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

Decision rationale: This patient presents with chronic now back pain that radiates into the legs with numbness and tingling. The patient also complains of intermittent moderate right knee pain and stiffness. The current request is for ACUPUNCTURE 1-2 X4 FOR THE LOW BACK. For acupuncture, the MTUS Guidelines page 8 recommends acupuncture for pain, suffering, and for restoration of function. Recommended frequency and duration is 3 to 6 treatments for trial, and with functional improvement, 1 to 2 per month. According to progress report dated 5/29/14, the treatment plan was for "P.T. 3x4, acupuncture 2x4." On 10/30/14, the treating physician requested "PT and acupuncture 1x-2x a week for to increase ROM and decrease pain/spasm." It appears that this patient has recently participated in a course of acupuncture treatment. For additional treatment, MTUS requires functional improvement as defined by Labor Code 9792.20(e) as significant improvement in ADLs, or change in work status AND reduced dependence on medical treatments. Given the treating physician has not documented functional improvement AND reduction in medical treatments, the additional sessions cannot be supported. This request IS NOT medically necessary.

X-ray of Bilateral Knees: Upheld

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 Official disability guidelines knee and leg chapter, Radiography

Decision rationale: This patient presents with chronic now back pain that radiates into the legs with numbness and tingling. The patient also complains of intermittent moderate right knee pain and stiffness. The current request is for X-RAY OF BILATERAL KNEES. On 10/30/14 the treating physician made a request for 'x-rays knees.' Examination on this date noted right knee pain and tenderness. ODG guidelines knee chapter, under X-ray states: "if a fracture is considered, patients should have radiographs if the Ottawa criteria are met. Among the 5 decision rules for deciding when to use plain films in knee fractures, the Ottawa knee rules (injury due to trauma and age >55 years, tenderness at the head of the fibula or the patella, inability to bear weight for 4 steps, or inability to flex the knee to 90 degrees) have the strongest supporting evidence." In regards to the request for an x-ray of the bilateral knees, the treating physician has not provided a reason for the request other than for routine check. Progress notes do not provide any discussion of acute trauma or other injury for which an X-ray would be useful. Furthermore, examination findings do not discuss any positive Ottawa knee criteria. Therefore, this request IS NOT medically necessary.

Pain Management Consultation: Overturned

Claims Administrator guideline: Decision based on MTUS ACOEM Page(s): Chapter 7 Page 127.

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 page 127

Decision rationale: This patient presents with chronic now back pain that radiates into the legs with numbness and tingling. The patient also complains of intermittent moderate right knee pain and stiffness. The current request is for PAIN MANAGEMENT CONSULTATION. The American College of Occupational and Environmental Medicine, ACOEM, Second Edition 2004 Chapter 7, page 127 states that "the occupational health practitioner may refer to other specialist 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." This patient is currently utilizing Naproxen, Cyclobenzaprine, Norco and Gabapentin with continued complaints of pain. A consultation with a pain management specialist for further evaluation is supported by ACOEM guidelines. This request IS medically necessary.