MAXIMUS Federal Services

Case Number:	CM15-0109194		
Date Assigned:	06/15/2015	Date of Injury:	12/06/2006
Decision Date:	07/17/2015	UR Denial Date:	05/06/2015
Priority:	Standard	Application Received:	06/05/2015

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 41-year-old male who sustained a work related injury December 6, 2006. Past history included s/p L4-5 revision fusion October 2014, post-laminectomy syndrome, lumbar spine, myofascial pain syndrome/ lumbar spine, and chronic pain syndrome. According to a secondary treating pain medicine physician's follow-up report, dated April 14, 2015, the injured worker presented with lower back pain, left leg, which travels into the ankles, rated 4/10. The pain is described as radiating, sharp and stabbing, worsens with different positions, and improves with medication. There is tenderness to the paravertebral muscles at all levels of the lumbar spine. The motion is limited in all ranges of motion; forward flexion, lateral bending, and backward extension. His gait is antalgic and he utilizes a cane for assisted ambulation. Medication was renewed and he is to follow-up in a month. According to an orthopedic physician's progress notes, dated April 16, 2015, the injured worker presented a little over 6 months s/p revision fusion lumbar spine, reporting slow progress. He has pain rated 6/10, and tenderness to palpation near the lumbosacral junction and some spasm in the lumbar spine. Assessment is documented as low back pain with radiculopathy s/p fusion. Treatment plan included request for authorization for acupuncture and physical therapy.

IMR ISSUES, DECISIONS AND RATIONALES

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

Acupuncture 2xwk x 4 wks lumbar spine: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints,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: The patient was injured on 12/06/06 and presents with low back pain. The request is for ACUPUNCTURE 2 X WEK X 4 WKS LUMBAR SPINE. The RFA is dated 04/22/15 and the patient's work status is not provided. The 03/15/15 report states, "physical therapy and acupuncture have been helping him." For acupuncture, 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. For additional treatment, MTUS Guidelines require functional improvement as defined by Labor Code 9792.20(e), a significant improvement in ADLs, or change in work status and reduced dependence on medical treatments. The patient is diagnosed with low back pain, left lumbar radiculopathy, and status post revision of fusion. It appears that the patient has already had acupuncture sessions prior to this request. However, it is unknown how many total sessions of acupuncture the patient has had to date and there is no specific documentation of how this acupuncture affected the patient's pain and function besides the general statement that it has been "helping him." Given the absence of documentation of functional improvement as defined and required by MTUS Guidelines, additional sessions of acupuncture cannot be reasonably warranted as the medical necessity. The requested 8 sessions of acupuncture IS NOT medically necessary.

Physical therapy 2x wk x 4 wks lumbar spine: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints,Postsurgical Treatment Guidelines.

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

Decision rationale: The patient was injured on 12/06/06 and presents with low back pain. The request is for PHYSICAL THERAPY 2 X WK X 4 WKS LUMBAR SPINE. The RFA is dated 04/22/15 and the patient's work status is not provided. The 03/15/15 report states, "physical therapy and acupuncture have been helping him." MTUS pages 98 and 99 have the following: "Physical medicine: Recommended as an indicated below. Allow for fading of treatments frequency (from up to 3 visits per week to 1 or less), plus active self-directed home Physical Medicine. MTUS Guidelines pages 98 and 99 state that for myalgia, myositis, 9 to 10 visits are recommended over 8 weeks, and for neuralgia, neuritis, and radiculitis, 8 to 10 visits are recommended." The patient is diagnosed with low back pain, left lumbar radiculopathy, and status post revision of fusion. There does not appear to be any recent surgery the patient may have had. The patient has had prior physical therapy; however, there is no numerical assessment to indicate how it has "been helping him." There is no discussion regarding why the patient is

unable to establish a home exercise program to manage his pain. An additional 8 sessions of therapy to the sessions the patient has already had may exceed what is allowed by MTUS guidelines. Therefore, the request IS NOT medically necessary.