

Case Number:	CM15-0011485		
Date Assigned:	01/29/2015	Date of Injury:	12/23/2013
Decision Date:	04/03/2015	UR Denial Date:	12/22/2014
Priority:	Standard	Application Received:	01/21/2015

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: Texas, Illinois

Certification(s)/Specialty: Preventive Medicine, Occupational Medicine

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 39 year old female, who sustained an industrial injury on 12/23/2013. She has reported subsequent back and lower extremity pain and was diagnosed with chronic low back pain and sciatica. Treatment has included oral pain medication and physical therapy. In a progress note dated 12/02/2014, the injured worker complained of continued moderate low back pain radiating to the left thigh. Objective physical examination findings were notable for muscle spasm and tenderness of the lumbar spine. Requests for authorization of acupuncture and physical therapy were made. On 12/22/2014, Utilization Review non-certified requests for acupuncture and physical therapy, noting that there was no clear indication that the injured worker had a recent flare-up of symptoms to warrant acupuncture and that there was no indication of significant progress with previous physical therapy sessions. MTUS and ODG guidelines were cited.

IMR ISSUES, DECISIONS AND RATIONALES

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

Acupuncture 2x3: Upheld

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

MAXIMUS guideline: Decision based on MTUS Acupuncture Treatment Guidelines, Chronic Pain Treatment Guidelines Chronic Pain Discussion Page(s): 8.

Decision rationale: The injured worker sustained a work related injury on 12/23/2013. The medical records provided indicate the diagnosis of back and lower extremity pain and was diagnosed with chronic low back pain and sciatica. Treatment has included oral pain medication and physical therapy. The medical records provided for review do not indicate a medical necessity for Acupuncture 2x3. According to the Utilization reviewer, the injured worker has had several acupuncture visits in the past with no documented improvement. The injured worker has remained off work. The Acupuncture guidelines recommends 3-6 Acupuncture visits, but recommends that treatments may be extended if functional improvement is documented. The Chronic pain guidelines recommend that if the patient's progress is unsatisfactory, the physician should assess the appropriateness of continued use of the current treatment plan and consider the use of other modalities.

Physical therapy 2x3 for the lumbar spine: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 98-99. Decision based on Non-MTUS Citation Official Disability Guidelines, Low Back Procedure Summary.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Chronic Pain Discussion; Physical Medicine Page(s): 8; 98-99.

Decision rationale: The injured worker sustained a work related injury on 12/23/2013. The medical records provided indicate the diagnosis of back and lower extremity pain and was diagnosed with chronic low back pain and sciatica. Treatment has included oral pain medication and physical therapy. The medical records provided for review do not indicate a medical necessity for Physical therapy 2x3 for the lumbar spine. The MTUS recommends a fading treatment of up to 3 visits a week to one visit a week in cases of chronic pain due to musculoskeletal injury; however, the MTUS recommends reviewing the treatment and if necessary, switch to a new modality if the current modality is not meeting the treatment goal. The records indicate the injured workers pain remained at 6/10, her condition remained the same, and she remained off work after five physical therapy visits in 6/2014.