

Case Number:	CM15-0138655		
Date Assigned:	07/28/2015	Date of Injury:	02/27/2012
Decision Date:	08/27/2015	UR Denial Date:	06/22/2015
Priority:	Standard	Application Received:	07/17/2015

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: Maryland

Certification(s)/Specialty: Physical Medicine & Rehabilitation, Neuromuscular 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 51 year old female, who sustained an industrial injury on 2-27-12. She has reported initial complaints of a back injury after a slip and fall injury at work. The diagnoses have included right lumbar radiculopathy, chronic pain status post lumbar fusion, right sacroiliac joint dysfunction, lumbar facet arthropathy, lumbar myofascial strain and lumbago. Treatment to date has included medications, activity modifications, lumbar surgery, diagnostics, epidural steroid injection (ESI), chiropractic, injection, physical therapy, home exercise program (HEP) and other modalities. Currently, as per the physician progress note dated 5-21-15, the injured worker complains of low back pain with increased pain after she has finished 10 sessions of physical therapy with no benefit. She rates the pain 5 out of 10 on pain scale. The pain radiates from the back to the right lower extremity (RLE) all the way to the toes. She also reports problems with sleep. The diagnostic testing that was performed included computerized axial tomography (CT scan) of the lumbar spine and electromyography (EMG) -nerve conduction velocity studies (NCV) of the bilateral lower extremities. The current medications included over the counter Aleve with a little relief and Capsaicin cream which provides significant relief of pain. The physical exam reveals decreased sensation in the right L5-S1 dermatomes. The gait is mildly antalgic, there is hypertonicity in the lumbar paraspinals, there is tenderness to palpation in the right sacroiliac joint, and there is severe limited lumbar flexion on the right, positive facet loading on the right, positive Fabers on the right, positive Gaenslen's on the right and positive thigh thrust test on the right. There was previous physical therapy sessions noted in the records. The physician requested treatments included Sixteen (16) sessions of physical therapy for lumbar spine and Sixteen (16) sessions of acupuncture for low back.

IMR ISSUES, DECISIONS AND RATIONALES

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

Sixteen (16) sessions of physical therapy for lumbar spine: 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: Sixteen (16) sessions of physical therapy for lumbar spine is not medically necessary per the MTUS Chronic Pain Medical Treatment Guidelines. The MTUS recommends up to 10 visits for this patient's condition. The documentation indicates that the patient has had extensive prior PT and there is no evidence of significant objective functional improvement from prior therapy. The patient should be well versed in a home exercise program. There are no extenuating factors which would necessitate 16 more supervised therapy visits which would further exceed the MTUS Guidelines therefore this request is not medically necessary.

Sixteen (16) sessions of acupuncture for low back: Upheld

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

MAXIMUS guideline: Decision based on MTUS Acupuncture Treatment Guidelines.

Decision rationale: Sixteen (16) sessions of acupuncture for low back is not medically necessary per the MTUS Acupuncture Medical Treatment Guidelines. The MTUS Acupuncture Medical Treatment Guidelines recommend that the time to produce functional improvements is 3-6 treatments and acupuncture treatments may be extended if functional improvement is documented. The request as written would exceed the recommended number of trial visits of acupuncture. Additionally, the documentation indicates that the patient has had prior acupuncture but it is unclear how much total prior acupuncture or the efficacy from this prior acupuncture.

The 3/13/15 PR-2 report indicates that the patient denies acupuncture, however the 12/15/14 PR-2 report states that the patient had 1 session of acupuncture without benefit. Without clear indication of the amount of prior acupuncture and the efficacy and the fact that the request exceeds the MTUS recommended trial period the request for acupuncture is not medically necessary.