MAXIMUS Federal Services

Case Number:	CM15-0143039		
Date Assigned:	08/03/2015	Date of Injury:	07/05/2014
Decision Date:	09/01/2015	UR Denial Date:	06/23/2015
Priority:	Standard	Application Received:	07/23/2015

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, Pain Management

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 (IW) is a 27-year-old female who sustained an industrial injury on 07-05-2014. Diagnoses include 3 to 4 mm bulging disc at L5-S1. Treatment to date has included medications, physical therapy, epidural steroid injections, modified activity and home exercise program. ESIs were very beneficial, with effects lasting approximately two months. According to the Initial Comprehensive Orthopedic Consultation Report dated 5-26-2015, the IW reported frequent severe pain in the back radiating to the neck, shoulder, buttock and leg with popping, stiffness, weakness and warmth. She rated the pain 8 out of 10. Symptoms were reportedly worse with pushing, kneeling, repetitive use, prolonged standing, pulling, lifting and bending. Heat, ice and no activity helped the pain. On examination, flexion was 60 degrees and extension was 10 degrees. Straight leg raise was negative. Motor strength was 5 out of 5 in the lower extremities. MRIs were performed of the thoracic and lumbar spine on 9-9-2014 showing posterior disc bulges of 1 to 2 mm at T7-8 with slight midline anterior indentation of the dura; and posterior disc bulges of 2 mm each at L3-4 and L4-5 and 3 to 4 mm at L5-S1. Electrodiagnostic testing of the bilateral lower extremities on 10-7-2014 was positive for chronic bilateral L5 (or L4) radiculopathy. A request was made for eight sessions of acupuncture and 12 sessions of physical therapy for recurrent pain.

IMR ISSUES, DECISIONS AND RATIONALES

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

Acupuncture x 8: Upheld

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

MAXIMUS guideline: Decision based on MTUS Acupuncture Treatment Guidelines.

Decision rationale: Regarding the request for acupuncture, California MTUS does support the use of acupuncture for chronic pain. Acupuncture is recommended to be used as an adjunct to physical rehabilitation and/or surgical intervention to hasten functional recovery. Additional use is supported when there is functional improvement documented, which is defined as either a clinically significant improvement in activities of daily living or a reduction in work restrictions and a reduction in the dependency on continued medical treatment. A trial of up to 6 sessions is recommended, with up to 24 total sessions supported when there is ongoing evidence of functional improvement. Within the documentation available for review, while a trial of acupuncture appears appropriate, the current request exceeds the 6-visit trial recommended by guidelines. Unfortunately, there is no provision to modify the current request. As such, the currently requested acupuncture is not medically necessary.

Physical therapy x 12: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Physical Medicine, (Effective July 18, 2009) Page(s): 98 and 99. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Neck and Low Back Chapters, Physical Medicine.

Decision rationale: Regarding the request for physical therapy, Chronic Pain Medical Treatment Guidelines recommend a short course (10 sessions) of active therapy with continuation of active therapies at home as an extension of the treatment process in order to maintain improvement levels. ODG has more specific criteria for the ongoing use of physical therapy. ODG recommends a trial of physical therapy. If the trial of physical therapy results in objective functional improvement, as well as ongoing objective treatment goals, then additional therapy may be considered. Within the documentation available for review, there is no documentation of specific objective functional improvement with any previous sessions and remaining deficits that cannot be addressed within the context of an independent home exercise program yet are expected to improve with formal supervised therapy. Furthermore, the request exceeds the amount of PT recommended by the CA MTUS and, unfortunately, there is no provision for modification of the current request. In light of the above issues, the currently requested physical therapy is not medically necessary.