

Case Number:	CM15-0147751		
Date Assigned:	08/10/2015	Date of Injury:	02/26/2015
Decision Date:	09/24/2015	UR Denial Date:	07/20/2015
Priority:	Standard	Application Received:	07/29/2015

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 28 year old male who sustained an industrial injury on 2-26-2015. He was driving a motorcycle and was injured when he was hit by another vehicle on the right side of his body. He has reported pain in the right side of the low back that extended to the right buttock and has been diagnosed with cervical strain and lumbar strain with suggestion for 3 mm posterior disc protrusion at L5-S1 and probable mild right sided radiculopathy. There was a slight paracervical spasm identified. There was tenderness of the lower right paralumbar as well as right sciatic outlet. Flexion was 60 degrees and extension was 20 degrees. Sciatic stretch testing performed on the right was slightly positive and negative on the left. The treatment request included physical therapy and TENS unit. The treatment request included physical therapy 2 x 3 lumbar and acupuncture 2 x 3 for the lumbar.

IMR ISSUES, DECISIONS AND RATIONALES

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

Physical therapy, 2 x 3, lumbar: Overturned

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Physical medicine.

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

Decision rationale: The patient presents on 05/18/15 with right sided lower back pain which radiates into the right lower extremity. The patient's date of injury is 02/26/15. Patient has no documented surgical history directed at this complaint. The request is for PHYSICAL THERAPY 2X3 LUMBAR. The RFA was not provided. Physical examination dated 05/18/15 reveals slight paracervical spasm, tenderness to palpation of the lumbar paraspinal muscles and right sciatic outlet, and slightly positive sciatic stretch test on the right. The patient is currently prescribed Relafen, Prilosec, and Terocin. Patient is currently classified as temporarily totally disabled for four weeks. MTUS Guidelines Physical Medicine Section, pages 98, 99 has the following: Recommended as indicated below. Allow for fading of treatment frequency -from up to 3 visits per week to 1 or less, plus active self-directed home Physical Medicine. MTUS guidelines pages 98, 99 states that for "Myalgia and myositis, 9-10 visits are recommended over 8 weeks. For Neuralgia, neuritis, and radiculitis, 8-10 visits are recommended. In regard to the 6 physical therapy sessions for the lumbar spine, the request is appropriate. There is no evidence in the records provided that this patient has undergone any physical therapy treatments directed at his lumbar spine complaint. MTUS allows for 8-10 sessions of physical therapy for complaints of this nature. The requested amount falls within guideline recommendations and could produce benefits for this patient. Therefore, the request IS medically necessary.

Acupuncture 2 x 3, lumbar: Overturned

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

MAXIMUS guideline: Decision based on MTUS Acupuncture Treatment Guidelines.

Decision rationale: The patient presents on 05/18/15 with right sided lower back pain which radiates into the right lower extremity. The patient's date of injury is 02/26/15. Patient has no documented surgical history directed at this complaint. The request is for PHYSICAL THERAPY 2X3 LUMBAR. The RFA was not provided. Physical examination dated 05/18/15 reveals slight paracervical spasm, tenderness to palpation of the lumbar paraspinal muscles and right sciatic outlet, and slightly positive sciatic stretch test on the right. The patient is currently prescribed Relafen, Prilosec, and Terocin. Patient is currently classified as temporarily totally disabled for four weeks. MTUS Guidelines, Acupuncture section, page 13 states: See Section 9792.24.1 of the California Code of Regulations, Title 8, under the Special Topics section... This section addresses the use of acupuncture for chronic pain in the workers compensation system in California. The MTUS/Acupuncture Medical Treatment Guidelines (Effective 7/18/09) state that there should be some evidence of functional improvement within the first 3-6 treatments. The guidelines state if there is functional improvement, then the treatment can be extended. In regard to the request for 6 sessions of acupuncture for this patient's lumbar pain, the request is appropriate. There is no evidence in the records provided that this patient has undergone any acupuncture to date. MTUS guidelines specify 3 to 6 acupuncture treatments initially, with additional sessions contingent on improvements. The requested 6 treatments falls within guideline recommendations and could produce benefits for this patient. Therefore, the request IS medically necessary.