

Case Number:	CM15-0167080		
Date Assigned:	09/04/2015	Date of Injury:	02/17/2015
Decision Date:	10/09/2015	UR Denial Date:	07/27/2015
Priority:	Standard	Application Received:	08/25/2015

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, Hawaii

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 47-year-old male who sustained an industrial injury on 2-17-15. He was diagnosed with acute cervical strain, foot contusion, left shoulder strain, lumbar strain and thoracic back pain. Treatments include: medication, physical therapy, home exercise program, chiropractic and acupuncture. Progress report dated 7-7-15 reports continued complaints of throbbing low back pain that radiated to his hips, legs and feet, the left side greater than the right associated with weakness and numbness. He reports constant sharp right foot pain associated with weakness and numbness. He has constant throbbing neck pain that radiates to the left shoulder and is associated with weakness, headaches and dizziness. He has constant throbbing left shoulder pain associated with numbness and weakness. Diagnoses include: cervical myalgia, cervical myospasm, lumbar myalgia, lumbar myospasm, lumbar neuritis and radiculitis and right foot sprain and strain. Plan of care includes: request lumbar brace, request physical therapy 3 times per week for 4 weeks, request acupuncture 2 times per week for 2 weeks and obtain MRI reports of cervical, thoracic, and lumbar spine dated 3-31-15. Work status: may return to work with restrictions of no heavy lifting greater than 15 pounds, stooping, bending, squatting, stair climbing and ladder climbing. Follow up on 8-4-15.

IMR ISSUES, DECISIONS AND RATIONALES

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

Lumbar spine brace: Overturned

Claims Administrator guideline: Decision based on MTUS Low Back Complaints 2004.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Low Back, Brace.

Decision rationale: The patient presents with pain affecting the low back with radiation to the bilateral hips, legs and feet. The current request is for Lumbar brace. The treating physician report dated 7/7/15 (42B) states, "Constant low back pain; throbbing and pressure type pain". The ODG guidelines state the following regarding lumbar supports: "Recommended as an option for compression fractures and specific treatment of spondylolisthesis, documented instability, and for treatment of nonspecific LBP". In this case, the patient presents with low back pain and the treating physician is requesting a lumbar brace in order to provide the patient with relief of his symptoms. The current request satisfies the ODG guidelines as outlined in the Low Back Chapter. The current request is medically necessary.

Physical therapy 3x4 weeks for the cervical, thoracic and lumbar spine: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Physical Medicine.

Decision rationale: The patient presents with pain affecting the low back with radiation to the bilateral hips, legs and feet. The current request is for Physical therapy 3x4 for the cervical, thoracic and lumbar spine. The treating physician report dated 7/7/15 (45B) states, "We are requesting authorization for physical therapy three times a week for four weeks for cervical, thoracic, and lumbar spine to restore flexibility, strength, endurance, range of motion and to alleviate discomfort". The report goes on to state, "The patient received more than 18 sessions of physical therapy". MTUS supports physical medicine (physical therapy and occupational therapy) 8-10 sessions for myalgia and neuritis type conditions. The MTUS guidelines only provide a total of 8-10 sessions and the patient is expected to then continue on with a home exercise program. The medical reports provided show the patient has received at least 18 sessions of physical therapy previously. The patient's status is not post-surgical. In this case, the patient has received at least 18 sessions of physical therapy to date and the current request of 12 visits exceeds the recommendation of 8-10 visits as outlined by the MTUS guidelines on page 99. Furthermore, there was no rationale by the physician in the documents provided as to why the patient requires treatment above and beyond the MTUS guidelines. The current request is not medical necessary.

Acupuncture 2x3 to the cervical, thoracic and lumbar spine: Upheld

Claims Administrator guideline: Decision based on MTUS Acupuncture Treatment 2007.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Acupuncture Medical Treatment Guidelines page 4.

Decision rationale: The patient presents with pain affecting the low back with radiation to the bilateral hips, legs and feet. The current request is for Acupuncture 2x3 to the cervical, thoracic and lumbar spine. The treating physician report dated 7/7/15 (45B) provides no rationale for the current request. The report states, "He also received three sessions of acupuncture therapy, which

provided him mild relief for three to four days". Review of the Acupuncture Medical Treatment Guidelines (AMTG) supports acupuncture for 3-6 treatments and treatments may be extended if functional improvement is documented. The guidelines go on to state "Frequency: 1 to 3 times per week, Optimum duration: 1 to 2 month". The medical reports provided show the patient has received 3 sessions of acupuncture treatment to date and the treating physician is asking for 6 more. In this case, the current request does not satisfy the AMTG guidelines as it only supports treatment beyond 3-6 visits if functional improvement is documented, and the patient experienced only mild relief for three to four days upon completion of 3 sessions. Furthermore, there is no rationale by the physician in the documents provided as to why the patient requires treatment above and beyond the AMTG guidelines. The current request is not medically necessary.