MAXIMUS Federal Services

Case Number:	CM15-0167651		
Date Assigned:	09/08/2015	Date of Injury:	11/02/2014
Decision Date:	10/07/2015	UR Denial Date:	07/30/2015
Priority:	Standard	Application Received:	08/26/2015

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, North Carolina
Certification(s)/Specialty: Family Practice

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 64 year old male who sustained a work related injury November 2, 2014. While driving he fell asleep with injury to his back, neck, and right arm. He reports radiation of pain down both arms and right leg, and numbness in hands, especially right. Past history included knee surgery, carpal tunnel surgery, and left shoulder surgery. Treatment has included physical therapy, and pain management. A report of an MRI of the lumbar spine performed January 12, 2015, is present in the medical record. According to a pain management re-evaluation report, dated July 15, 2015, the injured worker presented with continued lumbar spine pain. He has been authorized to undergo a lumbar epidural injection and right shoulder surgery. Objective findings included; lumbar spine-heel toe walk positive bilaterally, lumbar facet test positive bilaterally, straight leg raise 15 degrees to the right and 25 degrees to the left; sensation is decreased in the right lower extremity. Diagnoses are lumbago; sciatica; lumbar radiculitis; herniated disc lumbar spine and lumbosacral spine; disc degeneration, lumbosacral spine; disc disorder with myelopathy, lumbosacral spine; spinal stenosis, lumbar spine, lumbar facet arthropathy. Treatment plan included authorization for follow-up pain management and lower back epidural steroid injection, and at issue, a request for authorization for physical therapy and acupuncture.

IMR ISSUES, DECISIONS AND RATIONALES

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

Physical Therapy 1x week x 6 weeks: 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: CA MTUS Guidelines support physical therapy based on the philosophy that therapeutic exercise and/or activity are beneficial for restoring, flexibility, strength, endurance, range of motion, function and can alleviate discomfort. In this case, the requesting provider has not submitted evidence of prior treatment and evidence of functional improvement to support the request for additional physical therapy. Thus, based on the lack of information, the request is not medically necessary or appropriate.

Acupuncture 1 x week x 6 weeks: Upheld

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

MAXIMUS guideline: Decision based on MTUS Acupuncture Treatment 2007.

Decision rationale: The request is for additional acupuncture treatments for low back and shoulder complaints. Guidelines require that the requesting provider provide evidence of prior acupuncture treatments and objective evidence of functional improvements prior to consideration of additional acupuncture therapy. In this case, the appropriate documentation is not provided, therefore the request cannot be considered and is thus not medically necessary or appropriate.