

Case Number:	CM15-0181670		
Date Assigned:	09/22/2015	Date of Injury:	01/08/2013
Decision Date:	11/03/2015	UR Denial Date:	08/25/2015
Priority:	Standard	Application Received:	09/15/2015

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 67 year old male, who sustained an industrial injury on 01-08-2013. A review of the medical records indicates that the injured worker (IW) is undergoing treatment for lumbar discogenic syndrome. Medical records (03-30-2015 to 08-18-2015) indicate ongoing low back pain with radicular pain. No pain ratings were mentioned. Records did not address daily activity levels or levels of functioning. Per the treating physician's progress report (PR), the IW has not returned to work. The physical exam, dated 08-18-2015, revealed muscle spasms and decreased range of motion. There were no changes from previous exam dated 07-07-2015. Relevant treatments have included medications and diagnostic testing. The treating physician indicates that a MRI of the lumbar spine (05-19-2015) showing a disc bulge at L1-2 with moderate right neuroforaminal narrowing, a left foraminal disc protrusion at L2-3 with moderate left neuroforaminal narrowing, and a central disc protrusion at L5-S1 with moderate right and mild left neuroforaminal narrowing. The request for authorization (08-18-2015) shows that the following therapies were requested: 12 sessions of acupuncture for the low back (2x6), and 18 sessions of physical therapy (PT) for the low back (3x6). The original utilization review (08-25-2015) denied the request for 12 sessions of acupuncture for the low back (2x6) based on the lack of documented functional improvement; and modified the request for 18 sessions of PT for the low back to approval of 8 sessions based on limited information regarding previous PT.

IMR ISSUES, DECISIONS AND RATIONALES

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

Acupuncture for the low back 2 times 6: Upheld

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

MAXIMUS guideline: Decision based on MTUS Acupuncture Treatment 2007.

Decision rationale: The patient presents with low back pain. The request is for Acupuncture for the low back 2 times 6. The request for authorization is dated 08/18/15. MRI of the lumbar spine, 05/19/15, shows at the L1-L2 level, there is a disc bulge eccentric to the right; at the L2-L3 level, there is a left foraminal disc protrusion; at the L5-S1 level, there is a central disc protrusion. Physical examination reveals muscle spasm and decreased range of motion. Patient medication includes Norco. Per progress report dated 08/18/15, the patient is to remain off work. MTUS, Acupuncture Medical Treatment Section, pg. 13 of 127 states: "(i) Time to produce functional improvement: 3 to 6 treatments. (ii) Frequency: 1 to 3 times per week. (iii) Optimum duration: 1 to 2 months. (D) Acupuncture treatments may be extended if functional improvement is documented as defined in Section 9792.20(e)." Treater does not discuss the request. Acupuncture treatment history is not provided to determine if patient had prior sessions. In this case, the patient continues with low back pain. Given the patient's condition, a trial of Acupuncture would be indicated by MTUS guidelines. However, the request for 12 treatments of Acupuncture sessions would exceed what is recommended by MTUS to produce functional improvement. Therefore, the request is not medically necessary.

Physical therapy for the low back 3 times 6: 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 low back pain. The request is for Acupuncture for the low back 2 times 6. The request for authorization is dated 08/18/15. MRI of the lumbar spine, 05/19/15, shows at the L1-L2 level, there is a disc bulge eccentric to the right; at the L2-L3 level, there is a left foraminal disc protrusion; at the L5-S1 level, there is a central disc protrusion. Physical examination reveals muscle spasm and decreased range of motion. Patient medication includes Norco. Per progress report dated 08/18/15, the patient is to remain off work. MTUS, Acupuncture Medical Treatment Section, pg. 13 of 127 states: "(i) Time to produce functional improvement: 3 to 6 treatments. (ii) Frequency: 1 to 3 times per week. (iii) Optimum duration: 1 to 2 months. (D) Acupuncture treatments may be extended if functional improvement is documented as defined in Section 9792.20(e)." Treater does not discuss the request. Acupuncture treatment history is not provided to determine if patient had prior sessions. In this case, the patient continues with low back pain. Given the patient's condition, a trial of Acupuncture would be indicated by MTUS guidelines. However, the request for 12 treatments of Acupuncture sessions would exceed what is recommended by MTUS to produce functional improvement. Therefore, the request is not medically necessary.

