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| Case Number: | CM15-0181904 | | |
| Date Assigned: | 09/23/2015 | Date of Injury: | 09/11/2014 |
| Decision Date: | 10/27/2015 | UR Denial Date: | 08/21/2015 |
| 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: Massachusetts

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:

This injured worker is a 34-year-old male who reported an industrial injury on 9-11-2014. His diagnoses, and or impressions, were noted to include: lumbar sprain-strain with muscle spasm, disc protrusion, radiculopathy and pain. No current imaging studies were noted. His treatments were noted to include: magnetic resonance imaging studies of the lumbar spine (10-20-14); 12 physical therapy sessions; 4 acupuncture treatments; an agreed medical examination on 6-8-2015; medication management; and rest from work. The progress notes of 8-10-2015 reported constant, severe low back pain with stiffness, heaviness, numbness, tingling, weakness, cramping and muscle spasms, relieved from medication and acupuncture. Objective findings were noted to include: a slow and guarded gait, with decreased strength in the hamstrings; decreased and painful lumbar range-of-motion; tenderness in the bilateral sacroiliac joints and lumbar para-vertebral muscles; muscle spasms in the lumbar para-vertebral muscles; and positive bilateral straight leg raise, Kemps, and Lasegue's signs. The physician's requests for treatment were noted to include physical therapy, 1 x 4, to increase range-of-motion and activities of daily living, and to decrease pain; and acupuncture, 2 x 3, to increase range-of-motion and activities of daily living, and to decrease pain. The Request for Authorization, dated 8-10-2015, was for: infrared, myofascial release, electrical stimulation, mechanical traction, ultrasound computer assisted "EMS", & therapeutic exercise; and acupuncture. The Utilization Review of 8-21-2015 non-certified the requests for additional physical therapy modalities for the lumbar spine, 1 x a week for 4 weeks; and additional acupuncture treatments for the lumbar spine, 2 x a week for 3 weeks.

IMR ISSUES, DECISIONS AND RATIONALES

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

Physical therapy 1 time per week for 4 weeks directed to the lumbar spine for the affects of the industrial injury: Upheld

Claims Administrator guideline: Decision based on MTUS Shoulder Complaints 2004, and Chronic Pain Medical Treatment 2009. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Back Chapter - Physical therapy (PT).

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 - Lumbar & Thoracic (Acute & Chronic), physical therapy.

Decision rationale: The claimant sustained a work injury in September 2014 and is being treated for low back pain with stiffness, heaviness, numbness, tingling, weakness, cramping, and muscle spasms and secondary depression and anxiety. When seen, medications and acupuncture were providing pain relief. Physical examination findings included decreased and painful range of motion with lumbar paravertebral muscle tenderness and spasms. There was a slow and guarded gait. There was pain with straight leg raising and with Lasegue testing. Kemp's testing was positive. There was bilateral sacroiliac joint tenderness. His body mass index was nearly 30. Case notes reference completion of 12 physical therapy and four acupuncture treatments. In terms of physical therapy for the claimant's condition, guidelines recommend up to 12 treatment sessions over 8 weeks and the claimant has already had physical therapy. Patients are expected to continue active therapies and compliance with an independent exercise program would be expected without a need for ongoing skilled physical therapy oversight. An independent exercise program can be performed as often as needed/appropriate rather than during scheduled therapy visits. In this case, the number of additional visits requested is in excess of that recommended or what might be needed to reestablish or revise the claimant's home exercise program. The request is not considered medically necessary.

Acupuncture 2 times per week for 3 weeks for the effects of the industrial injury: Upheld

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

MAXIMUS guideline: Decision based on MTUS Acupuncture Treatment 2007.

Decision rationale: The claimant sustained a work injury in September 2014 and is being treated for low back pain with stiffness, heaviness, numbness, tingling, weakness, cramping, and muscle spasms and secondary depression and anxiety. When seen, medications and acupuncture were providing pain relief. Physical examination findings included decreased and painful range of motion with lumbar paravertebral muscle tenderness and spasms. There was a slow and guarded gait. There was pain with straight leg raising and with Lasegue testing. Kemp's testing was positive. There was bilateral sacroiliac joint tenderness. His body mass index was nearly 30. Case notes reference completion of 12 physical therapy and four acupuncture treatments. Guidelines recommend acupuncture as an option as an adjunct to physical rehabilitation with up to 6 treatments 1 to 3 times per week with extension of treatment if functional improvement is documented with a frequency or 1 to 3 times per week and optimum duration of 1 to 2 months. In this case, there is no evidence of functional improvement with the four treatments already provided and the number of additional treatments requested is in excess of guideline

recommendations. The requested additional acupuncture treatments were not medically necessary.