

Case Number:	CM15-0185478		
Date Assigned:	09/25/2015	Date of Injury:	12/12/2011
Decision Date:	11/09/2015	UR Denial Date:	08/20/2015
Priority:	Standard	Application Received:	09/21/2015

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 45 year old male who sustained an industrial injury December 12, 2011. He underwent x-rays and an MRI and was treated with medication, chiropractic treatments, referred to pain management and physical therapy sessions. Past history included diabetes and hyperlipidemia. According to a primary treating physician's progress report dated July 15, 2015, the injured worker presented with continued low back pain and right sciatic distribution pain. He reports pain and tingling into his right lower extremity but overall the cramping to his right lower extremity and foot has decreased. He reports his home exercise program and activity modifications have been helpful but he continues to have significant limitation to sudden movements, exertional lifting and twisting, pulling and pushing, prolonged sitting, getting up quickly from a seated position and sustained or prolonged stooped postures. Objective findings included; stands with a 5 degree of flexion antalgia with 6 degrees of right lateral flexion component; lumbar flexion range of motion is carried to 6 degrees limited by pain, extension 10 degrees limited by pain; tandem toe walking is reduced on the right, normal on the left, tandem heel walking is normal bilaterally; Trendelenburg sign is mildly positive on the right, negative left; Kemp's positive right; seated straight leg raise positive on the right, negative left; Milgram's positive, Valsalva's and Lhermitte's negative; mild paresthesia in the L5-S1 distributions on the right, right ankle jerk absent. Diagnoses are discogenic sciatic radiculopathy; mechanical low back pain syndrome; loss of motion, segment integrity, lumbar spine; abnormal posture-flexion antalgia. At issue, is a request for authorization for acupuncture and office based treatment. An MRI of the lumbar spine dated August 27, 2014, (report present in the medical record) impression is documented as; annular tear with a 6mm broad posterior, predominantly posterior and right foraminal disc protrusion with a high intensity zone which indents the anterior thecal

sac but does not result in significant spinal stenosis; the disc protrusion causes compression of the right S1 nerve within the spinal canal and also causes mild right neuroforaminal narrowing; 2-3mm broad posterior disc protrusion at L4-5, which indents the anterior thecal sac but does not result in significant spinal stenosis or neuroforaminal narrowing. According to utilization review dated August 20, 2015, the request for Acupuncture 6 x 3, (18 visits), for the lumbar and or sacral vertebrae was modified to 2 x 3 (6 visits). The request for other office-based treatment 2 x 4 (8 visits) for the lumbar spine is non-certified.

IMR ISSUES, DECISIONS AND RATIONALES

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

Acupuncture 6 times per week for 3 weeks for the lower back: 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 and right sciatic distribution pain with pain into the left buttock, cramping pain to the right buttock and posterior right thigh. The current request is for 18 sessions of acupuncture for the lower back. The UR dated 8/20/15 modified the request to 6 sessions of acupuncture for the lower back. The treating physician states on 7/16/15 (97B) "I recommend this patient to have a trial of acupuncture treatment, times 6 over the next 3 weeks. This would be for the purpose of alleviating low back pain." The clinical records provided do not document that the patient has received any prior acupuncture treatments. Acupuncture Medical Treatment Guidelines (AMTG) does recommend acupuncture for the treatment of low back complaints. AMTG states, "Time to produce functional improvement: 3 to 6 treatments." In this case, the request is for 18 sessions which exceeds what the guidelines recommend. The current request is not medically necessary.

Office based treatment 2 times per week for 4 weeks for the 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 low back pain and right sciatic distribution pain with pain into the left buttock, cramping pain to the right buttock and posterior right thigh. The current request is for 8 office based treatments for the lumbar spine. No PR-2 requesting this treatment was included for review. MTUS guidelines indicate that Physical Therapy is recommended: Physical Medicine guidelines state: Allow for fading of treatment frequency (from up to 3 visits per week to 1 or less), plus active self-directed home Physical Medicine. For myalgia and neuritis type conditions, MTUS Guidelines recommend 8-10 sessions of physical therapy. In this case, the clinical history provided does note that the patient has received physical therapy in the past, however, the number of sessions and for which body parts were not indicated. Without a clear picture of what has transpired, a determination as to whether guidelines have been met is not possible. The current request is not medically necessary.