

Case Number:	CM15-0189356		
Date Assigned:	10/02/2015	Date of Injury:	07/07/2014
Decision Date:	11/17/2015	UR Denial Date:	09/09/2015
Priority:	Standard	Application Received:	09/25/2015

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: Texas, New York, California
 Certification(s)/Specialty: Preventive Medicine, Occupational Medicine

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 applicant is a represented [REDACTED] beneficiary who has filed a claim for chronic low back pain (LBP) reportedly associated with an industrial injury of July 7, 2014. In a utilization review report dated September 9, 2015, the claims administrator failed to approve requests for 12 sessions of physical therapy and 12 sessions of acupuncture. The claims administrator referenced a progress note of August 27, 2015 and an associated RFA form of September 1, 2015 in its determination. The applicant's attorney subsequently appealed. On July 27, 2015, the applicant reported ongoing complaints of low back pain radiating to the bilateral lower extremities, 8/10. Activities of daily living as basic as sitting, standing, and walking remained problematic, it was reported. The applicant was on Voltaren Gel, Norco, Motrin, and tramadol, it was reported. The applicant was off of work, on total temporary disability, it was acknowledged in the social history section of the note. Continued physical therapy and acupuncture were endorsed on this date. On August 27, 2015, the applicant reported ongoing complaints of low back and sacroiliac joint pain. The attending provider contended that earlier physical therapy and acupuncture had been helpful in terms of generating symptom relief. Twelve additional sessions of physical therapy and 12 additional sessions of acupuncture were endorsed. The attending provider stated that he would not alter a 10-pound lifting limitation imposed by the applicant's primary treating provider (PTP). It was suggested that the applicant was not working with said limitation in place. On September 15, 2015, the attending provider explicitly acknowledged that the applicant was not working with the same, unchanged, rather proscriptive 10-pound lifting limitation. The treating provider acknowledged that the applicant

had been terminated by her former employer. The applicant stated that she was not able to do much activities other than "very light cleaning and light cooking for herself."

IMR ISSUES, DECISIONS AND RATIONALES

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

Physical therapy, 12 sessions: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

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

Decision rationale: No, the request for 12 sessions of physical therapy was not medically necessary, medically appropriate, or indicated here. The 12-session course of treatment at issue, in and of itself, represented treatment in excess of the 8- to 10-session course suggested on page 99 of the MTUS Chronic Pain Medical Treatment Guidelines for radiculitis, i.e., the diagnosis reportedly present here. Page 8 of the MTUS Chronic Pain Medical Treatment Guidelines further stipulates that there must be demonstration of functional improvement at various milestones in the treatment program in order to justify continued treatment. Here, however, the applicant remained off of work, on total temporary disability, it was stated and suggested on multiple office visits, referenced above, including on July 23, 2015, August 27, 2015, and September 15, 2015. The same, unchanged, rather proscriptive 10-pound lifting limitation was renewed on each visit, unchanged despite receipt of unspecified amounts of physical therapy over the course of the claim, including in July and August 2015. The earlier physical therapy had failed to curtail the applicant's dependence on opioid agents such as Norco and Tramadol, it was acknowledged on July 23, 2015. All of the foregoing, taken together, suggested a lack of functional improvement as defined in MTUS 9792.20(e), despite receipt of earlier physical therapy in unspecified amounts over the course of the claim. Therefore, the request for additional physical therapy was not medically necessary.

Acupuncture, 12 sessions: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: Decision based on MTUS Acupuncture Treatment 2007.

Decision rationale: Similarly, the request for 12 sessions of acupuncture was likewise not medically necessary, medically appropriate, or indicated here. As with the preceding request, this request was framed as a renewal or extension request for acupuncture. While the Acupuncture Medical Treatment Guidelines in MTUS 9792.24.1d acknowledge that acupuncture treatments may be extended if there is evidence of functional improvement as defined in Section 9792.20(e), here, however, there was no such demonstration of functional improvement as defined in Section 9792.20(e). The applicant remained off of work, it was reported on multiple

office visits of July, August, and September 2015, referenced above. The applicant remained dependent on opioid agents such as Norco and tramadol. All of the foregoing, taken together, suggested a lack of functional improvement as defined in MTUS 9792.20(e), despite receipt of earlier acupuncture in unspecified amounts over the course of the claim. Therefore, the request for 12 additional sessions of acupuncture was not medically necessary.