

Case Number:	CM15-0193498		
Date Assigned:	10/07/2015	Date of Injury:	08/28/2014
Decision Date:	11/18/2015	UR Denial Date:	09/09/2015
Priority:	Standard	Application Received:	10/01/2015

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: Washington, 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 injured worker is a 53 year old male who sustained an industrial injury on 8-28-15. He is diagnosed with lumbar spine disc bulges and lumbar spine sprain-strain and also complains of pain in his left elbow, left ankle and right foot and has developed depression, insomnia and erectile dysfunction since the industrial injury. His work status is modified duty. Diagnostic studies to date have included lumbar MRI and x-rays. Treatment to date has included chiropractic care, acupuncture (without documentation of effectiveness), and physical therapy (there was no documentation the patient was actively participating in a home exercise program). Notes dated 5-22-15 thru 8-28-15 revealed the injured worker continued to complain of constant low back pain that radiated to his bilateral hips (left greater than right) described as dull and sharp. He reported the pain interfered with his ability to bend, carry, lift, pull, push, sit, squat, stand, twist and walk. There have not been any recent exacerbations for his chronic pain. Physical examinations at those visits revealed low back pain and decrease sensation in left L4 dermatome. A request for authorization dated 8-19-15 for physical therapy 2x6 for the low back and acupuncture 2x6 for the low back is non-certified, per Utilization Review letter dated 9-9-15.

IMR ISSUES, DECISIONS AND RATIONALES

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

Physical therapy 2 x 6 for the low back: Upheld

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

MAXIMUS guideline: Decision based on MTUS General Approaches 2004, Section(s): Initial Approaches to Treatment, and Low Back Complaints 2004, Section(s): Summary, Initial Care, and Chronic Pain Medical Treatment 2009, Section(s): Physical Medicine.

Decision rationale: Physical therapy or physiotherapy (often abbreviated to PT) is a form of medical therapy that remediates musculoskeletal impairments and promotes mobility, function, and quality of life through the use of mechanical force and movement (active and passive). Passive therapy may be effective in the first few weeks after an injury but has not been shown to be effective after the period of the initial injury. Active therapy directed towards specific goals, done both in the Physical Therapist's office and at home is more likely to result in a return to functional activities. This treatment has been shown to be effective in restoring flexibility, strength, endurance, function, range of motion and can alleviate discomfort. But, to be effective, active therapy requires an internal effort by the patient to complete the specific exercises at the PT clinic and at home. According to the MTUS, goal directed physical therapy for musculoskeletal inflammation should show a resultant benefit by 10 sessions over an 8 week period and the program should be tailored to allow for fading of treatment. The ACOEM guidelines additionally recommend that physical therapy for patients with delayed recovery be time contingent. This patient has a chronic musculoskeletal condition that will require repeat PT treatments for exacerbation of pain. This patient has had multiple PT sessions since his injury in 2013. Although repeat physical therapy can be effective for exacerbations of chronic musculoskeletal pain, the medical records document the patient's present symptoms as continuing pain from his injury rather than an exacerbation of that injury. Furthermore, there is no documentation that the patient has followed up the prior physical therapy with an ongoing home exercise program. Considering all the available information, further formal physical therapy program is not recommended by the MTUS guidance. Medical necessity has not been established. The request is not medically necessary.

Acupuncture 2 x 6 for the low back: Upheld

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

MAXIMUS guideline: Decision based on MTUS Acupuncture Treatment 2007.

Decision rationale: Acupuncture is a technique to control and improve pain control in patients with acute and chronic pain. It is thought to allow or cause endorphin release that subsequently causes pain relief, reduction of inflammation, analgesia, increased blood circulation and muscle relaxation. The MTUS guidelines for continued use of this therapeutic modality require documentation of functional improvement from this therapy. [Note: functional improvement is defined by the MTUS as clinically significant improvement in activities of daily living or a reduction in work restrictions]. Review of the available medical records does not document a functional improvement from acupuncture. Continued use of this treatment modality in this patient is not indicated at this time. Medical necessity has not been established. The request is not medically necessary.