

Case Number:	CM15-0206444		
Date Assigned:	10/23/2015	Date of Injury:	03/14/2014
Decision Date:	12/14/2015	UR Denial Date:	09/30/2015
Priority:	Standard	Application Received:	10/21/2015

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: New York, West Virginia, Pennsylvania
 Certification(s)/Specialty: Emergency 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 67 year old female, who sustained an industrial injury on 3-14-14. The injured worker was being treated for lumbosacral myospasms and myalgia with radiculopathy. On 9-30-15, the injured worker complains of low back pain and leg pain. Physical exam performed on 9-30-15 revealed tenderness to palpation of lumbar paraspinal area, decreased sensation of L5-S1 dermatome, decreased range of motion and positive straight leg raise. Treatment to date has included oral medications including Ultram, Vicodin, cane for ambulation, physical therapy (unknown number of visits, she noted some improvement in pain with physical therapy), home exercise program and activity modifications. The treatment plan included request for physical therapy 3 times a week for 4 weeks and acupuncture 2 times a week for 3 weeks. Request for physical therapy 3 times a week for 4 weeks was modified to 6 sessions and acupuncture 2 times a week for 3 weeks was denied by utilization review.

IMR ISSUES, DECISIONS AND RATIONALES

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

Acupuncture, two times a week for three weeks, lumbar spine Qty: 6: Upheld

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

MAXIMUS guideline: Decision based on MTUS Acupuncture Treatment 2007.

Decision rationale: Guidelines note that acupuncture is used as an option to reduce pain, increase range of motion and when pain medication is reduced or not tolerated and it may be used as an adjunct to physical rehabilitation and/or surgical intervention. Guidelines recommend an initial trial of 3-4 sessions over 2 weeks and continued if there is functional improvement. In this case, there is no documentation that pain medications were not effective or tolerated. The request for 6 acupuncture sessions is not medically appropriate or necessary.

Physical therapy, three times a week for four weeks, lumbar spine Qty: 12: Upheld

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

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

Decision rationale: Guidelines state that physical therapy is recommended for short term relief during the early phase of pain treatment. Patients are expected to continue active therapy at home in order to maintain improvement levels. Guidelines recommend 9-10 visits for myalgia and 8-10 visits for neuralgia. The request for 12 physical therapy sessions would exceed recommendations. The request for 12 physical therapy sessions is not medically necessary or appropriate.