MAXIMUS Federal Services

Case Number:	CM15-0207582		
Date Assigned:	10/26/2015	Date of Injury:	06/03/2010
Decision Date:	12/11/2015	UR Denial Date:	10/15/2015
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: 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 and knee pain reportedly associated with an industrial injury of June 3, 2010. In a Utilization Review report dated October 15, 2015, the claims administrator failed to approve requests for 12 sessions of physical therapy, 12 sessions of acupuncture, and 7-view x-rays of the lumbar spine. A September 23, 2015 date of service was referenced in the determination. The applicant's attorney subsequently appealed. On said September 23, 2015 office visit, the applicant reported ongoing complaints of low back and bilateral knee pain, 2-4/10. The applicant had undergone a failed knee arthroscopy procedure, it was reported. The applicant exhibited a mildly antalgic gait. Twelve sessions of physical therapy, 12 sessions of acupuncture, and 7-view x-rays of the lumbar spine were sought. The applicant was given a rather proscriptive 25-pouund lifting limitation. It was not clearly stated whether the applicant was or was not working with said limitation in place, although this did not appear to be the case. The applicant was asked to continue unspecified medications. It was not stated how (or if) the proposed x-rays would influence or alter the treatment plan. On August 13, 2015, the applicant again reported ongoing complaints of knee pain. Tramadol was refilled. The applicant was asked to consult a podiatrist and a psychiatrist. The same, unchanged 25-pound lifting limitation was imposed on this date. Once again, it was not clearly stated whether the applicant was or was not working with said limitation in place.

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: 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 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 9- to 10-session course suggested on page 99 of the MTUS Chronic Pain Medical Treatment Guidelines for myalgias and myositis of various body parts, i.e., the diagnoses reportedly present here. This recommendation is further qualified by commentary made on page 8 of the MTUS Chronic Pain Medical Treatment Guidelines to the effect that demonstration of functional improvement is necessary at various milestones in the treatment program in order to justify continued treatment and by commentary made in the MTUS Guideline in ACOEM Chapter 3, page 48 to the effect that the value of physical therapy increases with a prescription for the same which "clearly states treatment goals." Here, however, a 25-pound lifting limitation was renewed on an office visit of August 13, 2015 and September 23, 2015. It was not clearly stated whether the applicant was or was not working with said limitation in place. The applicant remained dependent on opioid agents such as tramadol, it was acknowledged. All of the foregoing, taken together, suggested that the applicant had, in fact, plateaued in terms of the functional improvement measures established in MTUS 9792.20e following receipt of earlier unspecified amounts of physical therapy. It did not appear likely that the applicant could stand to gain from further treatment, going forward. Clear treatment goals for further therapy were not seemingly outlined. Therefore, the request was not medically necessary.

Acupuncture 12 sessions: Upheld

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

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. While the Acupuncture Medical Treatment Guidelines in MTUS 9792.24.1a acknowledge that acupuncture can be employed in a wide variety of context, including in the chronic pain context present here, this recommendation is, however, qualified by commentary made in MTUS 9792.24.1d to the effect that acupuncture treatments may be extended if there is evidence of functional improvement as defined in section 9792.20e and by commentary made in MTUS 9792.24.1.c1 to the effect that the time deemed necessary to produce functional improvement following introduction of acupuncture is 3-6 treatments. Here, the attending provider did not clearly state whether the applicant had or had

not had prior acupuncture on the September 23, 2015 office visit at issue. The applicant's response to earlier acupuncture (if any) was not clearly detailed or characterized. It was not clearly stated why such a lengthy, protracted course of acupuncture at a rate 2-4 times MTUS parameters was sought. Therefore, the request was not medically necessary.

Lumbar X-ray 7 view Qty: 1.00: Upheld

Claims Administrator guideline: Decision based on MTUS Low Back Complaints 2004, Section(s): Special Studies.

MAXIMUS guideline: Decision based on MTUS Low Back Complaints 2004, Section(s): Summary.

Decision rationale: Finally, the request for 7-view x-rays of the lumbar spine was likewise not medically necessary, medically appropriate, or indicated here. As noted in the MTUS Guideline in ACOEM Chapter 12, Table 12-8, page 309, the routine usage of radiographs of the lumbar spine in the absence of red flags and the routine usage of oblique views of the lumbar spine are deemed "not recommended." Here, the September 23, 2015 office visit made no mention of how the proposed lumbar plain films would influence or alter the treatment plan. A clear differential diagnosis was not furnished. It was not stated precisely what was sought. It was not clearly stated precisely what was suspected, nor was it established how (or if) the proposed 7-view x-rays of the lumbar spine would influence or alter the treatment plan. Therefore, the request was not medically necessary.