MAXIMUS Federal Services

Case Number:	CM15-0209530		
Date Assigned:	10/28/2015	Date of Injury:	11/07/2007
Decision Date:	12/10/2015	UR Denial Date:	10/09/2015
Priority:	Standard	Application Received:	10/23/2015

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
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:

This is a 32 year old male who sustained a work-related injury on 11-7-07. Medical record documentation on 8-27-15 revealed the injured worker was being treated for lumbago. He reported pain in the low back and was status post lumbar disc replacement in 2010. Objective findings included a normal gait. He had normal alignment of the lumbar spine and he had moderate tenderness to palpation over the lumbar spine. He 5-5 motor strength in all muscles groups tested and all special testing was negative. He had diminished bilateral ankle reflexes. On 9-21-15 the injured worker had continued low back pain with an average pain of 7 on a 10-point scale. Use of Norco and Tramadol decreased his pain to 4 on a 10-point scale. Previous treatment included injections which did not provide pain relief for any longer than one day. Previous rhizotomies in 2012 and 2013 provided relief. He had not completed any recent physical therapy and noted that he was having good relief from acupuncture. Objective findings included tenderness to palpation over the lumbar spine and decreased extension on range of motion testing and positive facet challenge bilaterally. He had a positive Patrick-Fabere test and Positive Fortin bilaterally. A request for eight (8) acupuncture sessions of the lumbar spine, and eight (8) physical therapy sessions for the lumbar spine was received on 10-2-15. On 10-9-15, the Utilization Review physician determined eight (8) acupuncture sessions of the lumbar spine, and eight (8) physical therapy sessions for the lumbar spine was not medically necessary.

IMR ISSUES, DECISIONS AND RATIONALES

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

8 acupuncture lumbar spine: Upheld

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

MAXIMUS guideline: Decision based on MTUS Acupuncture Treatment 2007.

Decision rationale: The requested 8 acupuncture lumbar spine is not medically necessary. CA MTUS Acupuncture Guidelines recommend note that in general acupuncture may be used as an adjunct to physical rehabilitation. The injured worker has pain in the low back and was status post lumbar disc replacement in 2010. Objective findings included a normal gait. He had normal alignment of the lumbar spine and he had moderate tenderness to palpation over the lumbar spine. He 5-5 motor strength in all muscles groups tested and all special testing was negative. He had diminished bilateral ankle reflexes. The treating physician has not documented objective evidence of derived functional benefit from completed acupuncture sessions, such as improvements in activities of daily living or reduced work restrictions or decreased reliance on medical intervention. The criteria noted above not having been met, 8 acupuncture lumbar spine is not medically necessary.

Eight Physical Therapy sessions for the lumbar spine: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Low Back Chapter.

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

Decision rationale: The requested Eight Physical Therapy sessions for the lumbar spine is not medically necessary. CA MTUS 2009, Chronic Pain Medical Treatment Guidelines, Physical Medicine, page 98 and 99, recommend continued physical therapy with documented objective evidence of derived functional improvement. The injured worker has pain in the low back and was status post lumbar disc replacement in 2010. Objective findings included a normal gait. He had normal alignment of the lumbar spine and he had moderate tenderness to palpation over the lumbar spine. He 5-5 motor strength in all muscles groups tested and all special testing was negative. He had diminished bilateral ankle reflexes. The treating physician has not documented objective evidence of derived functional improvement from completed physical therapy sessions, nor the medical necessity for additional physical therapy to accomplish a transition to a dynamic home exercise program, nor the medical necessity for a current trial of physical therapy beyond six sessions and then re-evaluation. The criteria noted above not having been met, Eight Physical Therapy sessions for the lumbar spine is not medically necessary.