MAXIMUS Federal Services

Case Number:	CM15-0020719		
Date Assigned:	02/10/2015	Date of Injury:	01/23/2012
Decision Date:	04/13/2015	UR Denial Date:	01/23/2015
Priority:	Standard	Application Received:	02/04/2015

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 Jersey
Certification(s)/Specialty: Family Practice

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 62-year-old male who sustained an industrial injury on 01/23/2012. Current diagnoses include displacement of lumbar intervertebral disc without myelopathy and lumbago. Previous treatments included medication management and epidural steroid injection. Report dated 02/02/2015 noted that the injured worker presented with complaints that included low back pain rated 4/10 on the pain scale with medication use, which "seems to be working fine." Physical examination was positive for abnormal findings. Utilization review performed on 01/23/2015 non-certified a prescription for physical therapy 2 x wk x 6 weeks for the low back and acupuncture 2 x wk x 6 weeks for the low back, based on the /clinical information submitted does not support medical necessity. The reviewer referenced the California MTUS in making this decision.

IMR ISSUES, DECISIONS AND RATIONALES

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

Physical therapy for the low back, twice weekly for six weeks: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Physical Medicine Page(s): 98-99.

Decision rationale: Physical therapy in the form of passive therapy for the lower back is recommended by the MTUS Guidelines as an option for chronic lower back pain during the early phases of pain treatment and in the form of active therapy for longer durations as long as it is helping to restore function, for which supervision may be used if needed. The MTUS Guidelines allow up to 9-10 supervised physical therapy visits over 8 weeks for lower back pain. The goal of treatment with physical therapy is to transition the patient to an unsupervised active therapy regimen, or home exercise program, as soon as the patient shows the ability to perform these exercises at home. The worker, in this case, he had completed some physical therapy as reported in the notes, however, it is unclear how many and what the measurable outcome was from these completed sessions. He was recommended additional physical therapy sessions (12), however, this number including the number of completed sessions is too many to recommend at this time. Also, there was no indication that the worker had not been instructed or was unable to perform home exercises to continue his physical medicine. Therefore, based on the evidence presented for review, the 12 sessions of physical therapy for the low back, is medically unnecessary.

Acupuncture, twice weekly for six weeks: Upheld

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

MAXIMUS guideline: Decision based on MTUS Acupuncture Treatment Guidelines.

Decision rationale: The MTUS Acupuncture Guidelines state acupuncture may be used as an adjunct therapy modality to physical rehabilitation or surgical intervention to hasten recovery and to reduce pain, inflammation, increase blood flow, increase range of motion, decrease the side effects of medication induced nausea, promote relaxation in an anxious patient, and reduce muscle spasm. Acupuncture is allowed as a trial over 3-6 treatments and 1-3 times per week up to 1-2 months in duration with documentation of functional and pain improvement. Extension is also allowed beyond these limits if functional improvement is documented. In the case of this worker, although acupuncture is certainly reasonable to trial, considering he was still in pain 2 years after his injury, the requested number of sessions (12) was beyond the recommended number of initial sessions required to find out if it is helpful or not. A more reasonable request would have been for up to 3-6 sessions. Therefore, the 12 sessions of acupuncture will be considered medically unnecessary at this time.