

Case Number:	CM15-0028847		
Date Assigned:	02/23/2015	Date of Injury:	09/04/2013
Decision Date:	03/31/2015	UR Denial Date:	01/30/2015
Priority:	Standard	Application Received:	02/17/2015

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: Physical Medicine & Rehabilitation

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 73 year old male, who sustained an industrial injury on September 4, 2013. The diagnoses have included lumbar herniated disc, low back pain, and left hip pain. Treatment to date has included acupuncture, physical therapy, and medications. Currently, the injured worker complains of left hip and low back pain. The Treating Physician's report dated December 17, 2014, noted the injured worker reported improvement in the pain with the acupuncture treatments, giving him relief for three days at a time. Physical examination was noted to show lateral bending left and right and flexion and extension of the lumbar spine were about 25% decreased, with pain to palpation at L4-L5 and L5-S1 levels in the lumbar spine. On January 30, 2015, Utilization Review non-certified acupuncture 2-3x a week x 6 weeks (QTY: 18) and physical therapy 3x a week x 4 weeks (QTY: 12). The UR Physician noted that there was documentation of 18 acupuncture treatments completed to date, and that the additional 18 visits requested would exceed guidelines, therefore the request for acupuncture 2-3 x a week x 6 weeks (QTY: 18) was modified with certification for acupuncture x6 with the remaining x12 non-certified, citing the MTUS Acupuncture Medical Treatment Guidelines. The UR Physician noted documentation of 24 physical therapy visits completed to date, which exceeded guidelines, with no documentation of objective improvement with the previous treatment, or documentation why a home based exercise program would not be sufficient to address any remaining functional deficits, therefore the request for physical therapy 3 x a week x 4 weeks (QTY: 12) was non-certified, citing the MTUS American College of Occupational and Environmental Medicine (ACOEM) Guidelines and the Official Disability Guidelines (ODG). On February 17, 2015, the

injured worker submitted an application for IMR for review of acupuncture 2-3x a week x 6 weeks (QTY: 18) and physical therapy 3x a week x 4 weeks (QTY: 12).

IMR ISSUES, DECISIONS AND RATIONALES

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

Acupuncture 2 - 3 x a week x 6 weeks QTY: 18: Upheld

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

MAXIMUS guideline: Decision based on MTUS Acupuncture Treatment Guidelines.

Decision rationale: MTUS, Acupuncture Guidelines recommend initial trial of conjunctive acupuncture visit of 3 to 6 treatment with further consideration upon evidence of objective functional improvement. Submitted reports have not demonstrated the medical indication to support continued acupuncture. Medical reports noted unchanged pain symptoms and clinical findings despite extensive conservative care to include acupuncture for this chronic injury. The patient remains functionally unchanged from acupuncture treatment visits already rendered. There is no demonstrated functional improvement derived from treatment completed. The Acupuncture 2 - 3 x a week x 6 weeks QTY: 18 is not medically necessary and appropriate.

Physical therapy 3 x a week x 4 weeks (12): Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation ACOEM Pain, Suffering, and the Restoration of Function Chapter, page 114; Official Disability Guidelines (ODG), Low Back Chapter

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Physical Therapy, pages 98-99.

Decision rationale: Physical therapy is considered medically necessary when the services require the judgment, knowledge, and skills of a qualified physical therapist due to the complexity and sophistication of the therapy and the physical condition of the patient. However, there is no clear measurable evidence of progress with the PT treatment already rendered including milestones of increased ROM, strength, and functional capacity. Review of submitted physician reports show no evidence of functional benefit, unchanged chronic symptom complaints, clinical findings, and functional status. There is no evidence documenting functional baseline with clear goals to be reached and the patient striving to reach those goals. The Chronic Pain Guidelines allow for 9-10 visits of physical therapy with fading of treatment to an independent self-directed home program. It appears the employee has received significant therapy sessions without demonstrated evidence of functional improvement to allow for additional therapy treatments. There is no report of acute flare-up, new injuries, or change in symptom or clinical findings to support for formal PT in a patient that has been instructed on a home exercise program for this chronic injury. Submitted reports have not adequately demonstrated the indication to support further physical therapy when prior treatment rendered

has not resulted in any functional benefit. The Physical therapy 3 x a week x 4 weeks (12) is not medically necessary and appropriate.