MAXIMUS Federal Services

Case Number:	CM15-0211207		
Date Assigned:	10/30/2015	Date of Injury:	03/20/2011
Decision Date:	12/16/2015	UR Denial Date:	10/14/2015
Priority:	Standard	Application Received:	10/27/2015

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, Illinois
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 injured worker is a 55 year old female who sustained an industrial injury on 3-20-11. The injured worker reported low back pain with lower extremity radiation. A review of the medical records indicates that the injured worker is undergoing treatments for low back pain, lumbar spine degenerative disc disease and radiculitis lower extremities. Medical records dated 10-2-15 indicate pain rated at 8 to 9 out of 10. Provider documentation dated 7-24-15 noted the work status as temporary totally disabled. Treatment has included Gabapentin, mindfulness therapy, lumbar spine magnetic resonance imaging (5-18-15), Venlafaxine, acupuncture treatment, physical therapy, Diclofenac since at least July of 2015 and Cyclobenzaprine since at least July of 2015. Objective findings dated 10-2-15 were notable for an antalgic gait, decreased lumbar range of motion, tenderness to palpation to the L3, L4 and L5 along the spinous process and paraspinal musculature with muscle spasms in bilateral lower lumbar paraspinous musculature, positive straight leg testing bilaterally. The original utilization review (10-14-15) partially approved a request for Physical therapy 2-3 times a week for 6 weeks, Acupuncture 2-3 times a week for 6 weeks and Trigger point injection under ultrasound - lumbar region.

IMR ISSUES, DECISIONS AND RATIONALES

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

Physical therapy 2-3 times a week for 6 weeks: 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: The injured worker sustained a work related injury on 3-20-11. The medical records provided indicate the diagnosis of low back pain, lumbar spine degenerative disc disease and radiculitis lower extremities. Treatments have included Gabapentin, mindfulness therapy, lumbar spine magnetic resonance imaging (5-18-15), Venlafaxine, acupuncture treatment, physical therapy, Diclofenac and Cyclobenzaprine. The medical records provided for review do not indicate a medical necessity for: Physical therapy 2-3 times a week for 6 weeks. The request if for 12 to 18 sessions of physical therapy instead of the maximum of 10 visits over 4-8 weeks followed by home exercise therapy, as recommended by the MTUS.

Acupuncture 2-3 times a week for 6 weeks: Upheld

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

MAXIMUS guideline: Decision based on MTUS Acupuncture Treatment 2007.

Decision rationale: The injured worker sustained a work related injury on 3-20-11. The medical records provided indicate the diagnosis of low back pain, lumbar spine degenerative disc disease and radiculitis lower extremities. Treatments have included Gabapentin, mindfulness therapy, lumbar spine magnetic resonance imaging (5-18-15), Venlafaxine, acupuncture treatment, physical therapy, Diclofenac and Cyclobenzaprine. The medical records provided for review do not indicate a medical necessity for: Acupuncture 2-3 times a week for 6 weeks. The MTUS acupuncture guidelines recommends as follows: (c) Frequency and duration of acupuncture or acupuncture with electrical stimulation maybe performed as follows: (1) Time to produce functional improvement: 3 to 6 treatments. (2) Frequency: 1 to 3 times per week. (3) Optimum duration: 1 to 2 months. (d) Acupuncture treatments may be extended if functional improvement is documented as defined in Section 9792.20(ef). This request exceeds the number recommended by the guidelines, therefore is not medically necessary.

Trigger point injection under ultrasound - lumbar region: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Trigger point injections.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Trigger point injections.

Decision rationale: According to the CA MTUS Chronic Pain Medical Treatment Guidelines, the criteria for trigger point injections include: 1) Documentation of circumscribed trigger points with evidence upon palpation of a twitch response as well as referred pain; (2) Symptoms have

persisted for more than three months; (3) Medical management therapies such as ongoing stretching exercises, physical therapy, NSAIDs and muscle relaxants have failed to control pain; (4) Radiculopathy is not present (by exam, imaging, or neuro-testing). The case does not meet the MTUS criteria for trigger point injections. There was no documentation of twitch response; besides the physical examination indicates the injured worker has lumbar radiculopathy. Therefore the request is not medically necessary.