

Case Number:	CM15-0214426		
Date Assigned:	11/04/2015	Date of Injury:	02/03/2014
Decision Date:	12/15/2015	UR Denial Date:	10/02/2015
Priority:	Standard	Application Received:	10/30/2015

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: North Carolina, Georgia
 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 36 year old female, who sustained an industrial injury on 2-3-14. The injured worker was diagnosed as having lumbar disc protrusion, lumbar radiculopathy and lumbar sprain. Subjective findings (3-13-15, 6-22-15) indicated low back pain with stiffness, tingling and cramping. The injured worker rated her pain 5 out of 10. Objective findings (3-13-15, 6-22-15) revealed a positive straight leg raise test, lumbar flexion was 30-50 degrees, extension was 20 degrees and lateral bending was 10-20 degrees bilaterally. As of the PR2 dated 8-3-15, the injured worker reports 5 out of 10 low back pain and stiffness into both legs with numbness and tingling. Objective findings include a positive straight leg raise test bilaterally, lumbar flexion is 45 degrees, extension is 15 degrees and lateral bending is 10 degrees bilaterally. Treatment to date has included an EMG-NCS of the bilateral lower extremities on 9-17-15 with normal results. The treating physician has requested physical therapy and acupuncture several time, it is unclear if the injured worker received these treatments. The Utilization Review dated 10-2-15, non-certified the request for physical therapy (infrared, myofascial release, electrical stimulation, mechanical traction, ultrasound, computer assisted EMS, therapeutic exercise) 1 x 6 lumbar spine, acupuncture, (1 or more needles, 15 minutes, 1 or more needles, reinsertion of needles, 15 minutes, infrared red) 1 x 6 lumbar spine and range of motion test 1 month.

IMR ISSUES, DECISIONS AND RATIONALES

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

Physical therapy (infrared, myofascial release, electrical stimulation, mechanical traction, ultrasound, computer assisted EMS, therapeutic exercise) 1 x 6 lumbar spine: Overturned

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 CA MTUS recommends physical therapy for management of chronic pain with a clear preference for active therapy over passive therapy. Physical therapy includes supervision by therapist then the patient is expected to continue active therapies at home in order to maintain improvement levels. Guidelines direct fading treatment frequency from 3 times a week to one or less with guidelines ranging depending on the indication: Myalgia and myositis, unspecified (ICD9 729.1): 9-10 visits over 8 weeks, Neuralgia, neuritis, and radiculitis, unspecified (ICD9 729.2), 8-10 visits over 4 weeks, Reflex sympathetic dystrophy (CRPS) (ICD9 337.2): 24 visits over 16 weeks. In this case, the claimant would be expected to benefit from 1x6 sessions of physical therapy for the low back. Physical therapy 1x6 is medically necessary.

Acupuncture, (1 or more needles, 15 minutes, 1 or more needles, reinsertion of needles, 15 minutes, infrared red) 1 x 6 lumbar spine: Upheld

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

MAXIMUS guideline: Decision based on MTUS Acupuncture Treatment 2007.

Decision rationale: CA MTUS guidelines state that acupuncture is used as an option when pain medication is reduced or not tolerated, it may be used as an adjunct to physical rehabilitation and/or surgical intervention to hasten functional recovery. The frequency and duration of acupuncture or acupuncture with electrical stimulation may be 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. Acupuncture treatments may be extended if functional improvement is documented. In this case there is no documentation of intolerance to pain medication or of other physical rehabilitation interventions. As such, the use of acupuncture is not medically necessary.

Range of motion test 1 month: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines, Low Back.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Low Back, Flexibility.

Decision rationale: CA MTUS is silent on range of motion testing. ODG Section on low back states that range of motion testing is part of a routine musculoskeletal evaluation. The relation between lumbar range of motion measures and functional ability is weak or non-existent. The AMA Guides to the Evaluation of Permanent Impairment, 5th edition, state, "an inclinometer is the preferred device for obtaining accurate, reproducible measurements in a simple, practical and inexpensive way" (p 400). They do not recommend computerized measures of lumbar spine range of motion which can be done with inclinometers, and where the result (range of motion) is of unclear therapeutic value. The request for range of motion testing (outside of the routine physical examination techniques) in one month is not medically necessary.