

Case Number:	CM15-0030836		
Date Assigned:	02/24/2015	Date of Injury:	03/07/2014
Decision Date:	04/15/2015	UR Denial Date:	02/06/2015
Priority:	Standard	Application Received:	02/19/2015

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, District of Columbia, Maryland
Certification(s)/Specialty: Anesthesiology, Pain Management

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 43 year old female, who sustained an industrial injury on 3/7/14. The injured worker has complaints of low back pain and intermittent leg radiculopathy. The diagnoses have included lumbar strain, rule out disc pathology. Treatment to date has included physical therapy and medications. Work disability status was documented as the injured worker should be on modified duty with restrictions of no lifting greater than twenty pounds and no bending or stooping. According to the utilization review performed on 2/6/15, the requested 8 physical therapy visits for the lumbar spine; 8 Acupuncture sessions for the lumbar spine and 1 Functional Capacity evaluation has been non-certified. Official Disability Guidelines Physical Therapy Guidelines, Low Back Chapter, Treatment Integrated Treatment/Disability Duration Guidelines and California Medical Treatment Utilization Schedule (MTUS) Acupuncture Medical Treatment Guidelines.

IMR ISSUES, DECISIONS AND RATIONALES

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

8 physical therapy visits for the lumbar spine: Upheld

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

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

Decision rationale: According to the attached medical record the injured employee has previously participated in physical therapy however it is unknown how many visits there were or the efficacy of this previous therapy. However, there has been previous formal physical therapy treatment rendered. This request for eight additional physical therapy visits for the lumbar spine is not medically necessary.

8 Acupuncture sessions for the lumbar spine: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Acupuncture Page(s): 13.

Decision rationale: It is unclear from the medical record that the injured employee has previously received acupuncture treatment are not. However, the California MTUS guidelines limits acupuncture to six treatments followed by an assessment of functional improvement to justify additional visits. As this request is for eight acupuncture sessions, this request is not medically necessary.

1 Functional Capacity evaluation: Upheld

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

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation ODG, Fitness for Duty, Functional Capacity Evaluation.

Decision rationale: The official disability guidelines indicates that the criteria for a functional capacity evaluation include that the injured employee has had prior unsuccessful return to work attempts as well as documentation that they are near or at maximum medical improvement. The attach medical record indicates that the injured employee has already returned to work and is on modified duty. Additionally, there is no documentation that she is at or near maximum medical improvement. As such, this request for a functional capacity evaluation is not medically necessary at this time.