

Case Number:	CM15-0032094		
Date Assigned:	02/25/2015	Date of Injury:	01/12/2006
Decision Date:	04/03/2015	UR Denial Date:	02/18/2015
Priority:	Standard	Application Received:	02/20/2015

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: Arizona, California

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 31 year old male, who sustained an industrial injury on 01/12/2006. He has reported subsequent neck and low back pain and was diagnosed with posterior subluxation of the cervical spine at C5-C6 with degenerative changes, degenerative changes in the low back and spinal stenosis of the cervical and lumbar spine. Treatment to date has included oral pain medication, acupuncture and chiropractic therapy. In a progress note dated 02/04/2015, the injured worker complained of continued 3-4 back pain. Objective findings were notable for reduced range of motion and stiffness of the cervical and lumbar spine. Requests for authorization of additional acupuncture and physical therapy were made. On 02/18/2015, Utilization Review non-certified a request for acupuncture of the lumbar spine 2 x 3, noting that there were no objective clinical findings were provided and modified a request for physical therapy of the lumbar spine from 12 sessions to 6 sessions, noting that the request exceeded guidelines for physical therapy. MTUS and ODG guidelines were cited.

IMR ISSUES, DECISIONS AND RATIONALES

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

Additional Acupuncture for the Lumbar Spine, twice a week for three weeks: Upheld

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

MAXIMUS guideline: Decision based on MTUS Acupuncture Treatment Guidelines.

Decision rationale: 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. Frequency and duration of acupuncture or acupuncture with electrical stimulation may be performed as follows: Time to produce functional improvement: 3 to 6 treatments. In this case, the claimant had previous orders for acupuncture 6 months ago. Response and treatment notes were not provided. As a result, the additional sessions are not medically necessary.

Additional Physical Therapy for the Lumbar Spine, twice a week for 6 weeks: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Physical Medicine.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 299, Chronic Pain Treatment Guidelines physical medicine Page(s): 98-99.

Decision rationale: According to the MTUS guidelines, therapy is recommended in a fading frequency. They allow for fading of treatment frequency (from up to 3 visits per week to 1 or less), plus active self-directed home Physical Medicine. The following diagnoses have their associated recommendation for number of visits: Myalgia and myositis, unspecified 9-10 visits over 8 weeks Neuralgia, neuritis, and radiculitis, unspecified 8-10 visits over 4 weeks Reflex sympathetic dystrophy (CRPS) 24 visits over 16 weeks. According to the ACOEM guidelines: Physical and Therapeutic Interventions are recommended for 1 to 2 visits for education. This education is to be utilized for at home exercises which include stretching, relaxation, strengthening exercises, etc. There is no documentation to indicate that the sessions provided cannot be done independently by the claimant at home. The claimant had performed an unknown amount of sessions in the past. Therapy notes were not provided. Twelve sessions also exceed the amount recommended by the guidelines. As a result, the physical therapy sessions requested are not medically necessary.