

Case Number:	CM15-0033303		
Date Assigned:	02/26/2015	Date of Injury:	02/03/2014
Decision Date:	04/08/2015	UR Denial Date:	02/12/2015
Priority:	Standard	Application Received:	02/23/2015

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: Nevada, California

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 19-year-old female who reported an injury on 02/03/2014. The mechanism of injury was not stated. The current diagnosis is spondylosis of unspecified site. The only clinical documentation submitted for this review is a physician progress report dated 11/14/2014. The injured worker presented for a follow up visit with complaints of persistent low back pain. It was noted that the injured worker presented for an initial evaluation of physical therapy; however, she reported an increase in symptoms. The injured worker was also issued authorization for 8 sessions of chiropractic therapy. Upon examination of the lumbar spine, there was tenderness in the midline between L4 and S1, tenderness along the right paraspinal musculature and quadratus lumborum, 30 degree extension with low back pain, and intact sensation with normal motor strength. Recommendations included ongoing stretching exercise and a prescription for Toradol 10 mg tablets. There was no Request for Authorization form submitted for review.

IMR ISSUES, DECISIONS AND RATIONALES

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

Physical therapy 2x6 with mechanical approach using McKenzie Technique and lumbar stabilization program: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Physical Therapy Guidelines.

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

Decision rationale: The California MTUS Guidelines state active therapy is based on the philosophy that therapeutic exercise and/or activity are beneficial for restoring flexibility, strength, endurance, function, range of motion, and can alleviate discomfort. Treatment for unspecified myalgia and myositis includes 9 to 10 visits over 8 weeks. The current request for 12 sessions of physical therapy exceeds guideline recommendations. As such, the request is not medically appropriate.

Acupuncture x 8: Upheld

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

MAXIMUS guideline: Decision based on MTUS Acupuncture Treatment Guidelines.

Decision rationale: The California MTUS Guidelines state acupuncture is used as an option when pain medication is reduced or not tolerated and may be used as an adjunct to physical rehabilitation and/or surgical intervention. The time to produce functional improvement includes 3 to 6 treatments. The current request for 8 sessions of acupuncture exceeds guideline recommendations. Additionally, the request as submitted failed to indicate a specific body part. Given the above, the request is not medically appropriate.