

Case Number:	CM15-0036136		
Date Assigned:	03/04/2015	Date of Injury:	11/20/2014
Decision Date:	04/15/2015	UR Denial Date:	02/19/2015
Priority:	Standard	Application Received:	02/26/2015

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
 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 64-year-old male, who sustained an industrial injury on 11/20/14. He has reported in the neck and back. The diagnoses have included lumbar spine sprain and strain with muscle guarding. Electrodiagnostic studies dated 1/13/15 revealed severe sensory peripheral polyneuropathy of the bilateral lower extremities and axonal polynueropathy compatible with history of diabetes mellitus. Physical examinations on 11/20/14 and 12/2/14 noted normal dermatomal sensation, reflex and strength of the bilateral lower extremities. Treatment to date has included chiropractic care, physical therapy and pain medications. As of the progress dated 12/2/14, the injured worker reports 8/10 pain in the lower back. The treating physician requested of acupuncture x 6 sessions, MRI of the lumbar spine and physiotherapy x 6 sessions. On 2/19/15 Utilization Review non-certified a request for of acupuncture x 6 sessions, MRI of the lumbar spine and physiotherapy x 6 sessions. The utilization review physician cited the MTUS guidelines for chronic pain medical treatment. On 2/26/15, the injured worker submitted an application for IMR for review of acupuncture x 6 sessions, MRI of the lumbar spine and physiotherapy x 6 sessions.

IMR ISSUES, DECISIONS AND RATIONALES

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

6 physiotherapy sessions for the lumbar spine: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

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

Decision rationale: According to the MTUS guidelines, passive therapy (those treatment modalities that do not require energy expenditure on the part of the patient) can provide short-term relief during the early phases of pain treatment and are directed at controlling symptoms such as pain, inflammation and swelling and to improve the rate of healing soft tissue injuries. They can be used sparingly with active therapies to help control swelling, pain and inflammation during the rehabilitation process. 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. The MTUS guidelines also state that patients are instructed and expected to continue active therapies at home as an extension of the treatment process in order to maintain improvement levels. The medical records indicate that the injured worker has undergone prior physical therapy treatments. However, there is evidence of improvement from past treatments to support the request for additional treatments. The request for 6 physiotherapy sessions for the lumbar spine is not medically necessary.

6 acupuncture therapy sessions for the lumbar spine: Overturned

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: Decision based on MTUS Acupuncture Treatment Guidelines.

Decision rationale: The MTUS acupuncture medical treatment guidelines state that acupuncture can be used to reduce pain, reduce inflammation, increase blood flow, increase range of motion, decrease the side effect of medication-induced nausea, promote relaxation in an anxious patient, and reduce muscle spasm. Time to produce functional improvement is 3 to 6 treatments. The medical records do not indicate that the injured worker has undergone a trial of acupuncture, and the request for 6 sessions is supported to produce functional improvement. The request for 6 acupuncture therapy sessions for the lumbar spine is medically necessary.

One (1) MRI of the lumbar spine: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 303-304.

Decision rationale: According to ACOEM guidelines, imaging of the low back should be reserved for cases in which surgery is considered or red-flag diagnoses are being evaluated. Red

flags consist of fracture, tumor, infection, cauda equina syndrome/saddle anesthesia, progressive neurologic deficit, dissecting abdominal aortic aneurysm, renal colic, retrocecal appendix, pelvic inflammatory disease, and urinary tract infection with corresponding medical history and examination findings. In this case, the medical records fail to document clinical signs consistent with a focal neurologic deficit in a dermatomal or myotomal pattern to cause concern for lumbar radiculopathy. Without evidence of lumbar nerve root compromise or other red flag findings, proceeding with a lumbar spine magnetic resonance imaging is not indicated. The request for One (1) MRI of the lumbar spine is not medically necessary.