

Case Number:	CM15-0040811		
Date Assigned:	03/11/2015	Date of Injury:	05/23/2006
Decision Date:	04/21/2015	UR Denial Date:	02/18/2015
Priority:	Standard	Application Received:	03/03/2015

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: Physical Medicine & Rehabilitation

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 5/23/06. The injured worker was diagnosed as having bilateral sciatica and degenerative joint disease. Treatment to date has included acupuncture, physical therapy, activity modifications, arthroscopies and oral medications. X-rays of lumbar spine have been performed. Currently, the injured worker complains of intractable back pain and sciatica. The current treatment plan includes a request for acupuncture and physical therapy, which he has responded clinically to in the past; and reduction of pain medications has worsened the pain.

IMR ISSUES, DECISIONS AND RATIONALES

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

Acupuncture, 8 sessions: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines 9792.24.1. Acupuncture Medical Treatment Guidelines Page(s): 13.

Decision rationale: Based on the 02/03/15 progress report provided by treating physician, the patient presents with low back pain with sciatica, rated 7-8/10. The request is for acupuncture 8 sessions. Patient's diagnosis per Request for Authorization form dated 02/11/15 includes low back pain. Physical examination to the lumbar spine on 02/03/15 revealed decreased reflexes in the ankle and knee, decreased sensation at L5-S1 segment, and positive straight leg raise on the right. Treatment to date has included acupuncture, physical therapy, activity modifications, arthroscopies and oral medications. Current treatment plan includes a request for acupuncture and physical therapy, which he has responded clinically to in the past. Patient's work status is not available. 9792.24.1. Acupuncture Medical Treatment Guidelines. MTUS pg. 13 of 127 states: "(i) Time to produce functional improvement: 3 to 6 treatments (ii) Frequency: 1 to 3 times per week (iii) Optimum duration: 1 to 2 months. (D) Acupuncture treatments may be extended if functional improvement is documented as defined in Section 9792.20(e)." Per progress report dated 02/03/15, treater states, "we recommend eight visits of medical acupuncture for pain control." Acupuncture medicine notes from 04/29/14-08/19/14 showed patient attended 4 sessions. MTUS requires documentation of functional improvement, defined by labor code 9792.20(e) as significant change in ADL's, or change in work status AND reduced dependence on other medical treatments. MTUS recommends 1-2 months of treatments when functional improvement has been documented. Additional acupuncture cannot be warranted without required documentation. Furthermore, the request for 8 sessions would exceed what is allowed by guidelines. Therefore, the request is not medically necessary.

Physical Therapy, 8 sessions: Upheld

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

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

Decision rationale: Based on the 02/03/15 progress report provided by treating physician, the patient presents with low back pain with sciatica, rated 7-8/10. The request is for physical therapy 8 sessions. Patient's diagnosis per Request for Authorization form dated 02/11/15 includes low back pain. Physical examination to the lumbar spine on 02/03/15 revealed decreased reflexes in the ankle and knee, decreased sensation at L5-S1 segment, and positive straight leg raise on the right. Treatment to date has included acupuncture, physical therapy, activity modifications, arthroscopies and oral medications. Current treatment plan includes a request for acupuncture and physical therapy, which he has responded clinically to in the past. Patient's work status is not available. MTUS Chronic Pain Management Guidelines, pages 98, 99 has the following: "Physical Medicine: recommended as indicated below. Allow for fading of treatment frequency (from up to 3 visits per week to 1 or less), plus active self-directed home Physical Medicine." MTUS guidelines pages 98, 99 states that for "Myalgia and myositis, 9-10 visits are recommended over 8 weeks. For Neuralgia, neuritis, and radiculitis, 8-10 visits are recommended." Per progress report dated 02/03/15, treater states, "we recommend eight visits of physical therapy for stabilization program." Given patient's continued symptoms and diagnosis, the request for 8 sessions of physical therapy would be reasonable. However, treater has not provided reason for the request nor a precise treatment history. Treater does not discuss any

flare-ups, explain why on-going therapy is needed, or reason the patient is unable to transition into a home exercise program. Therefore, the request is not medically necessary.