

Case Number:	CM15-0052597		
Date Assigned:	03/26/2015	Date of Injury:	02/11/2013
Decision Date:	05/01/2015	UR Denial Date:	03/10/2015
Priority:	Standard	Application Received:	03/19/2015

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: Texas, Illinois

Certification(s)/Specialty: Preventive Medicine, Occupational Medicine

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 38-year-old male, who sustained an industrial injury on 2/11/13. He has reported low back injury with pain after slipping on an oily floor. The diagnoses have included chronic lumbosacral sprain, lumbago and sciatica. Treatment to date has included medications, physical therapy, chiropractic, acupuncture, diagnostics and Home Exercise Program (HEP). The Magnetic Resonance Imaging (MRI) of the lumbar spine was done on 8/19/13. The x-ray of the lumbar spine was performed on done on 2/11/13. As per the physician progress note dated 2/20/14, the injured worker complains of low back pain with sharp, dull and aching pain. He also complains of difficulty sleeping and difficulty lifting his 40-pound daughter. He states that acupuncture, massage and Flexeril, which he currently takes, alleviate the symptoms. Physical exam revealed lumbar spasm, decreased range of motion, and positive straight leg raise on the left and positive Lasegue's test on the left. The physician requested treatments included 6 Sessions Physical Therapy Low back, Pain Management Consult and 6 Acupuncture Visits Low Back.

IMR ISSUES, DECISIONS AND RATIONALES

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

6 Sessions Physical Therapy Low back: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Chronic Pain Discussion; Physical Medicine Page(s): 6; 98-99.

Decision rationale: The injured worker sustained a work related injury on 2/11/13. The medical records provided indicate the diagnosis of chronic lumbosacral sprain, lumbago and sciatica. Treatment to date has included medications, physical therapy, chiropractic, acupuncture, diagnostics and Home Exercise Program (HEP). The medical records provided for review do not indicate a medical necessity for 6 Sessions Physical Therapy Low back. According to the report from the Utilization Reviewer, the injured worker has an unspecified number of physical therapy at unspecified dates. The MTUS recommends a fading of treatment frequency (from up to 3 visits per week to 1 or less), plus active self-directed home Physical Medicine. Myalgia and myositis, unspecified (ICD9 729.1): 9-10 visits over 8 weeks. Neuralgia, neuritis, and radiculitis, unspecified (ICD9 729.2) 8-10 visits over 4 weeks. Reflex sympathetic dystrophy (CRPS) (ICD9 337.2): 24 visits over 16 weeks. It is not possible to determine how many more therapy sessions are needed to meet the MTUS recommended maximum if one does not know how many the individual has had. It is also necessary to know the outcome of previous treatment in order to determine whether additional treatment will be beneficial. The MTUS recommends detailed documentation of history and physical, as well as previous treatments and their outcome. Therefore, the request is not medically necessary.

Pain Management Consult: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Chronic Pain Discussion; Opioids Page(s): 6; 86.

Decision rationale: The injured worker sustained a work related injury on 2/11/13. The medical records provided indicate the diagnosis of chronic lumbosacral sprain, lumbago and sciatica. Treatment to date has included medications, physical therapy, chiropractic, acupuncture, diagnostics and Home Exercise Program (HEP). The medical records provided for review do not indicate a medical necessity for Pain Management Consult. The records reviewed do not contain information on past treatment. The MTUS recommends pain management consult if the injured worker needs to use more than 120 morphine equivalents of opioids in a given day. In addition, the MTUS recommends detailed documentation of history, physical, as well as previous treatments, and their outcome. Such information is necessary in determining the next step and how beneficial a particular form of treatment will be.

6 Acupuncture Visits Low Back: Upheld

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

MAXIMUS guideline: Decision based on MTUS Acupuncture Treatment Guidelines, Chronic Pain Treatment Guidelines Chronic Pain Discussion Page(s): 6.

Decision rationale: The injured worker sustained a work related injury on 2/11/13. The medical records provided indicate the diagnosis of chronic lumbosacral sprain, lumbago and sciatica. Treatment to date has included medications, physical therapy, chiropractic, acupuncture, diagnostics and Home Exercise Program (HEP). The medical records provided for review do not indicate a medical necessity for 6 Acupuncture Visits Low Back. The records indicate the injured worker has an unspecified number of Acupuncture at unspecified dates. The MTUS recommends: Time to produce functional improvement: 3 to 6 treatments; (2) Frequency: 1 to 3 times per week; (3) Optimum duration: 1 to 2 months. It is not possible to determine how many more acupuncture sessions are needed without know when and how many the individual had in the past. The MTSU recommends documentation of previous treatment and its outcome as a guide to future treatment.