

Case Number:	CM15-0058935		
Date Assigned:	04/03/2015	Date of Injury:	11/06/2014
Decision Date:	05/11/2015	UR Denial Date:	03/04/2015
Priority:	Standard	Application Received:	03/27/2015

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 21-year-old female who sustained an industrial injury on November 6, 2014. She has reported pain to the low back and has been diagnosed with lumbar spine sprain, strain, and clinical left lower extremity radiculopathy. Treatment has included medical imaging, medications, modified work duty, injection, and physical therapy. Currently the injured worker reported constant pain and stiffness to her lower back radiating down the left leg. The treatment plan included physical therapy and acupuncture.

IMR ISSUES, DECISIONS AND RATIONALES

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

Physical Therapy 2 Times A Week for 6 Weeks Lumbar Spine: Upheld

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

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

Decision rationale: The 21-year-old patient presents with constant pain and stiffness in the lower back that radiates to the left leg, as per progress report dated 02/10/15. The request is for PHYSICAL THERAPY 2 TIMES A WEEK FOR 6 WEEKS LUMBAR SPINE. There is no RFA for this case, and the patient's date of injury is 11/06/14. Diagnoses, as per progress report dated 02/10/15, included lumbar sprain/strain and clinical left lower extremity radiculopathy. Requested medications included Tylenol # 3 and Flexeril. The patient is currently working light duty with difficulty, as per the same progress report. MTUS Guidelines pages 98 to 99 state that for patients with "myalgia and myositis, 9 to 10 sessions over 8 weeks are allowed, and for neuralgia, neuritis, and radiculitis, 8 to 10 visits over 4 weeks are allowed." In this case, the progress report does not document prior therapy but the UR denial letter states that the patient has already been authorized for 12 sessions of PT. The treating physician does not document the impact of this therapy on pain and function. Additionally, MTUS only allows for 8-10 sessions of PT in non-operative cases. Hence, the request for 12 sessions is excessive and IS NOT medically necessary.

Acupuncture 2 Times A Week for 6 Weeks Lumbar Spine: 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: The 21-year-old patient presents with constant pain and stiffness in the lower back that radiates to the left leg, as per progress report dated 02/10/15. The request is for ACUPUNCTURE 2 TIMES A WEEK FOR 6 WEEKS LUMBAR SPINE. There is no RFA for this case, and the patient's date of injury is 11/06/14. Diagnoses, as per progress report dated 02/10/15, included lumbar sprain/strain and clinical left lower extremity radiculopathy. Requested medications included Tylenol # 3 and Flexeril. The patient is currently working light duty with difficulty, as per the same progress report. For acupuncture, the MTUS Guidelines page 8 recommends acupuncture for pain, suffering, and for restoration of function. Recommended frequency and duration is 3 to 6 treatments for trial, and with functional improvement, 1 to 2 per month. For additional treatment, the MTUS Guidelines requires functional improvement as defined by Labor Code 9792.20(e) a significant improvement in ADLs, or change in work status and reduced dependence on medical treatments. In this case, the progress report does not document prior acupuncture. However, the UR denial letters states that the patient has already been approved for 8 sessions. The treating physician does not document benefit from prior therapy in terms of reduction in pain and improvement in function. Hence, the request for 8 sessions IS NOT medically necessary.