

Case Number:	CM15-0083456		
Date Assigned:	05/05/2015	Date of Injury:	11/14/2012
Decision Date:	06/08/2015	UR Denial Date:	04/09/2015
Priority:	Standard	Application Received:	05/01/2015

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, New York, California
 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 applicant is a represented 54-year-old who has filed a claim for chronic low back pain (LBP) with derivative complaints of depression, anxiety, and sleep disturbance reportedly associated with an industrial injury of November 14, 2012. In a Utilization Review report dated April 9, 2015, the claims administrator failed to approve requests for acupuncture and physical therapy. A March 27, 2015 progress note was referenced in the determination. The applicant's attorney subsequently appealed. On March 27, 2015, the applicant reported ongoing complaints of low back pain. The applicant was working on a part-time basis, it was suggested. The applicant's problem list was notable for asthma and dyslipidemia. The applicant had undergone an appendectomy procedure, it was reported. The applicant was on Advair, Flexeril, Flonase, Neurontin, Motrin, Lidoderm patches, Allegra, melatonin, Prilosec, albuterol, Zocor, and Zorvolex, it was acknowledged. Derivative complaints of depression, anxiety, and sleep disturbance were noted. The applicant did exhibit tenderness about the spinal region. The applicant's neurologic exam, sensorium, and coordination were apparently intact, however. Pain psychology, physical therapy, acupuncture, melatonin, Zorvolex, and renal function testing were endorsed. The request for physical therapy was framed as a renewal request, while the treating provider framed the request for acupuncture as a first-time request. On February 3, 2015, it was stated that the applicant had received five to six recent sessions of physical therapy in 2015 alone. The treating provider then reported toward the bottom of the report that the applicant had had 12 sessions of physical therapy and 12 sessions of acupuncture at this point in time.

Psychotherapy was sought. The applicant's medication list included Motrin, Lidoderm, loratadine, Prilosec, albuterol, Zocor, Flexeril, and Advair, it was reported.

IMR ISSUES, DECISIONS AND RATIONALES

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

Acupuncture 2xWk x 3 Wks lumbosacral spine: Upheld

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

MAXIMUS guideline: Decision based on MTUS Acupuncture Treatment Guidelines.

Decision rationale: No, the request for six sessions of acupuncture for the lumbar spine was not medically necessary, medically appropriate, or indicated here. The request in question did apparently represent a renewal or extension request for acupuncture as the treating provider acknowledged in a report dated February 3, 2015 that the applicant had completed 12 sessions of acupuncture through that point in time. While the Acupuncture Medical Treatment Guidelines in MTUS 9792.24.1.d acknowledge that acupuncture treatments may be extended if there is evidence of functional improvement as defined in Section 9792.20e, in this case, however, there was no clear or compelling evidence of functional improvement as defined in Section 9792.20e. The applicant had failed to return to full-time work. The applicant was described as working part-time on office visits of February 3, 2015 and March 27, 2015, referenced above. It did not appear, thus, that the earlier 12 sessions of acupuncture had diminished the applicant's work restrictions, improved the applicant's work status, or improved the number of hours per day the applicant was working. The earlier acupuncture likewise failed to curtail the applicant's dependence on a variety of analgesic and adjuvant medications, including Neurontin, Motrin, Flexeril, topical Lidoderm patches, Zorvolex, etc. All of the foregoing, taken together, suggested that the applicant had, in fact, plateaued in terms of the functional improvement measures established in MTUS 9792.20e, despite receipt of 12 prior sessions of acupuncture. Therefore, the request for additional acupuncture is not medically necessary.

Additional physical therapy 2xWk x 3Wks lower back: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines, Low Back.

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

Decision rationale: Similarly, the request for six sessions of physical therapy for the lumbar spine was likewise not medically necessary, medically appropriate, or indicated here. The applicant had had recent treatment in 2014-2015 alone (12 sessions, per the treating provider's progress note of February 3, 2015), seemingly in excess of the 9- to 10-session course recommended on page 99 of the MTUS Chronic Pain Medical Treatment Guidelines for myalgias and myositis of various body parts, the diagnoses reportedly present here. Page 98 of

the MTUS Chronic Pain Medical Treatment Guidelines also stipulates that applicants are expected to continue active therapies at home as an extension of the treatment process in order to maintain improvement levels, while page 8 of the MTUS Chronic Pain Medical Treatment Guidelines stipulates that there must be demonstration of functional improvement at various milestones during the treatment program in order to justify continued treatment. Here, the applicant had seemingly plateaued with earlier physical therapy treatment. Work restrictions remain in place. The applicant was working on a part-time basis, it was acknowledged on progress notes of February and March 2015, referenced above. The applicant remained dependent on a variety of analgesic and adjuvant medications, including Flexeril, Neurontin, Motrin, Lidoderm patches, Zorvolex, etc. All of the foregoing, taken together, suggested a lack of functional improvement as defined in MTUS 9792.20e needed to justify extension of physical therapy treatment. Therefore, the request is not medically necessary.