

Case Number:	CM15-0088449		
Date Assigned:	05/12/2015	Date of Injury:	05/14/2014
Decision Date:	06/12/2015	UR Denial Date:	04/28/2015
Priority:	Standard	Application Received:	05/08/2015

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: Iowa, Illinois, Hawaii

Certification(s)/Specialty: Preventive Medicine, Occupational Medicine, Public Health & General Preventive 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 22 year old male, who sustained an industrial/work injury on 5/14/14. He reported initial complaints of low back pain. The injured worker was diagnosed as having lumbago, lumbar injury, and lumbar pain. Treatment to date has included medication, physical therapy, and acupuncture therapy. X-Rays results of the lumbar spine were reported on 5/14/14 reported normal lumbosacral spine with no fractures identified. X-rays of the left/right knee, left hip and pelvis on 5/14/14 revealed normal knee with no acute fracture or dislocation. Currently, the injured worker complains of constant severe achy, sharp low back pain with spasms. Per the primary physician's progress report (PR-2) on 4/3/15, examination revealed decreased range of motion to the lumbar spine. Kemp's caused pain. Current plan of care included Tylenol #3, diagnostics, and request for topical analgesic, physical therapy and acupuncture. The requested treatments include Physical therapy for the lumbar spine and Acupuncture for lumbar spine.

IMR ISSUES, DECISIONS AND RATIONALES

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

Physical therapy 2x6 for lumbar spine: Upheld

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

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 287-315, Chronic Pain Treatment Guidelines Physical Therapy, Physical Medicine Page(s): 98-99. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Low Back - Lumbar & Thoracic (Acute & Chronic), Physical Therapy.

Decision rationale: California MTUS guidelines refer to physical medicine guidelines for physical therapy and recommends as follows: "Allow for fading of treatment frequency (from up to 3 visits per week to 1 or less), plus active self-directed home Physical Medicine." Additionally, ACOEM guidelines advise against passive modalities by a therapist unless exercises are to be carried out at home by patient. ODG quantifies its recommendations with 10 visits over 8 weeks for lumbar sprains/strains and 9 visits over 8 weeks for unspecified backache/lumbago. ODG further states that a "six-visit clinical trial" of physical therapy with documented objective and subjective improvements should occur initially before additional sessions are to be warranted. Medical records indicate this patient has attended at least 12 sessions of physical therapy. The treating physician has not provided evidence of objective functional improvement with previous therapy. As such, the request for Physical therapy 2x6 for lumbar spine is not medically necessary.

Acupuncture 2x6 for lumbar spine: Upheld

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

MAXIMUS guideline: Decision based on MTUS Acupuncture Treatment Guidelines. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Low Back - Lumbar & Thoracic (Acute & Chronic), Acupuncture.

Decision rationale: MTUS "Acupuncture Medical Treatment Guidelines" clearly state that "acupuncture is used as an option when pain medication is reduced or not tolerated; it may be used as an adjunct to physical rehabilitation and/or surgical intervention to hasten functional recovery." The initial trial should be "3-4 visits over 2 weeks with evidence of objective functional improvement, total of up to 8-12 visits over 4-6 weeks (Note: The evidence is inconclusive for repeating this procedure beyond an initial short course of therapy.)" The medical documents did not provide detail regarding patient's increase or decrease in pain medication. The treating physician has not provided documentation of objective functional improvement with prior therapy. As such, the request for Acupuncture 2x6 for lumbar spine is not medically necessary.