

Case Number:	CM14-0112857		
Date Assigned:	08/01/2014	Date of Injury:	04/23/2007
Decision Date:	10/24/2014	UR Denial Date:	06/27/2014
Priority:	Standard	Application Received:	07/21/2014

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. The expert reviewer is Board Certified in Physical Medicine and Rehabilitation, has a subspecialty in Pain Medicine and is licensed to practice in California. 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/services. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

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 58-year-old female injured on April 23, 2007. A progress note by the primary treating physician dated June 20, 2014, indicated the injured worker continued with complaints of moderate to severe low back pain. The injured worker reported shooting pain to bilateral legs, left leg worse than right. The injured worker experienced paresthesia symptoms with burning pains, associated with weakness to the left leg. The injured worker also complained of bilateral hand, wrist, and thumb pains. Diagnoses included low back pain, status post fusion L4-L5 in 2010, left multiple lumbar radiculopathy affecting L4, L5 and S1 and bilateral carpal tunnel syndrome status post release. Physical exam of the back revealed no evidence of scoliosis and tenderness to palpation of the lower back. Lumbar spine testing showed decreased range of motion in flexion, extension, lateral flexion and rotation. Motor examination had some mild weakness and was noted with hand gripping bilaterally. Sensory examination had decreased with hands as well as L4, L5, S1 dermatomes. Gait was normal. Straight leg raise had left positive and right negative. Medications include Norco 10/325 6 tabs daily, Trazodone 100mg twice daily, Voltaren 75mg twice daily, Zanaflex 4mg three times daily, Prozac 20mg once daily and Prilosec 20mg twice daily. The previous utilization review denied requests for acupuncture three times a week for six weeks for the lumbar spine and massage therapy three times a week for six weeks for the lumbar spine on June 27, 2014.

IMR ISSUES, DECISIONS AND RATIONALES

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

Acupuncture Three times a week for six weeks for the Lumbar Spine: Upheld

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

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

Decision rationale: According to the California Chronic Pain Medical Treatment Guidelines, the practice of acupuncture is indicated as an option when pain medication is reduced or not tolerated or as an adjunct to physical rehabilitation and/or surgical intervention to hasten functional recovery. Initial 3 to 6 treatments are indicated to assess efficacy and functional improvement. As this request is for an initial 18 visits, this request for acupuncture three times a week for six weeks for the lumbar spine is not medically necessary.

Massage therapy Three times a week for six weeks for the Lumbar Spine: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 60.

Decision rationale: The California Chronic Pain Medical Treatment Guidelines supports the use of massage therapy as an adjunct to other treatments and should be limited to 4 to 6 visits in most cases. As this request is for 18 treatments, this request for massage therapy three times a week for six weeks for the lumbar spine is not medically necessary.