

Case Number:	CM14-0131032		
Date Assigned:	09/16/2014	Date of Injury:	03/12/1963
Decision Date:	10/29/2014	UR Denial Date:	07/24/2014
Priority:	Standard	Application Received:	08/15/2014

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 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 51-year-old female who reported an injury of unspecified mechanism on 03/12/1963. On 06/24/2014, her diagnoses included persistent lumbago and unresolved pain. Her complaints included increasing pain in her low back radiating to both legs rated at 9/10 to 10/10. She had been attending physical therapy with some noted improvement. This worker had also attended an unknown number of previous physical therapy sessions over an undetermined period of time. The treatment plan recommended an additional 12 sessions of physical therapy and acupuncture. There was no rationale included in the injured worker's chart. A Request for Authorization dated 06/24/2014 was included.

IMR ISSUES, DECISIONS AND RATIONALES

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

Physical Therapy 3x4 to lumbar spine: Upheld

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

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

Decision rationale: The request for physical therapy three times four to the lumbar spine is not medically necessary. The California Medical Treatment Utilization Schedule (MTUS)

Guidelines recommend active therapy as indicated for restoring flexibility, strength, endurance, function, range of motion, and to alleviate discomfort. Patients are expected to continue active therapies at home. The physical medicine guidelines recommend 8 to 10 visits over 4 weeks for neuralgia, neuritis, or radiculitis. The requested 12 visits of physical therapy exceed the recommendations in the guidelines. Additionally, there was no evidence submitted that this injured worker had participated in a home exercise program as an extension of her previous physical therapy. Therefore, this request for physical therapy three times four to the lumbar spine is not medically necessary.

Acupuncture 2x6 to lumbar spine: Upheld

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

MAXIMUS guideline: Decision based on MTUS Acupuncture Treatment Guidelines.

Decision rationale: The request for acupuncture two times six to the lumbar spine is not medically necessary. The California Medical Treatment Utilization Schedule (MTUS) Guidelines recommend that acupuncture is 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. Functional improvement should be noted in 3 to 6 treatments. There was no submitted documentation that the injured worker's medications were being reduced or not tolerated. There was no indication that she was a surgical candidate. Additionally, the requested 12 sessions of acupuncture exceed the recommendations in the guidelines. Therefore, this request for acupuncture two times six to the lumbar spine is not medically necessary.