MAXIMUS Federal Services

Case Number:	CM14-0138551		
Date Assigned:	09/05/2014	Date of Injury:	07/06/2014
Decision Date:	10/31/2014	UR Denial Date:	08/26/2014
Priority:	Standard	Application Received:	08/26/2014

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 Orthopedic Surgery and is licensed to practice in Texas. 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 records presented for review indicate that this 51-year-old female was reportedly injured on July 6, 2014. The mechanism of injury was stated to be lifting a heavy patient. The most recent progress note, dated August 25, 2014, indicates that there are ongoing complaints of low back pain. Pain is rated at 7/10 without medications and 4-5/10 with medications. She continues to utilize a lower back brace for lumbar support to help stabilize the injured worker and decrease pain level. Current medications include Cyclobenzaprine, Gabapentin, Nabumetone, Pantoprazole, and Ibuprofen. The physical examination demonstrated spasms and guarding of the lumbar spine. Diagnostic imaging studies were not available. Previous treatment includes physical therapy, oral medications, and the use of a lumbar support. A request had been made for 12 visits of acupuncture and 12 visits of physical therapy for the lumbar spine and was not medically necessary in the pre-authorization process on August 26, 2014.

IMR ISSUES, DECISIONS AND RATIONALES

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

Physical Therapy x12 Lumbar Spine: Upheld

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

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Low Back Chapter, Physical Therapy

Decision rationale: Based on the clinical information provided, the request for Physical Therapy x 12 Lumbar Spine is not recommended as medically necessary. The number of physical therapy visits completed to date is not documented. The Official Disability Guidelines support up to 10 sessions of physical therapy for the patient's diagnosis, and there is no clear rationale provided to support exceeding this recommendation. There are no exceptional factors of delayed recovery documented. There are no specific, time-limited treatment goals provided. The injured worker's compliance with a home exercise program is not documented. Therefore, the medical necessity of this request has been not established.

Acupuncture x12 Lumbar Spine: Upheld

Claims Administrator guideline: Decision based on MTUS Acupuncture Treatment Guidelines. Decision based on Non-MTUS Citation Official Disability Guidelines: Low Back Chapter and Physical Therapy Guidelines

MAXIMUS guideline: Decision based on MTUS Acupuncture Treatment Guidelines.

Decision rationale: Based on the clinical information provided, the request for Acupuncture x12 Lumbar Spine is not recommended as medically necessary. The request is excessive, as CA MTUS Acupuncture, guidelines would support an initial trial of 3-6 visits to establish efficacy of treatment. There are no specific, time-limited treatment goals provided and no clear rationale was submitted for review to support a course of acupuncture at this time.