

Case Number:	CM14-0146646		
Date Assigned:	09/12/2014	Date of Injury:	09/14/2010
Decision Date:	10/29/2014	UR Denial Date:	08/20/2014
Priority:	Standard	Application Received:	09/08/2014

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 Occupational Medicine 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 injured worker is a 44 year old male who slipped and fell at work on 09/14/2010. He is reported to be complaining of 8/10 low back pain that radiates through the buttocks to the back of the thigh and 5-6/10 neck pain that radiates to the arm. The physical examination revealed limited range of motion of the cervical and lumbar spines, spasms and tenderness in the paraspinal areas, as well as tenderness in the trapezius. In addition, there was positive spurling's sign, axial loading sign and weakness of the muscles of the upper limb. Also, the injured worker had positive Straight leg test and lower extremities weakness. The worker has been diagnosed of Herniation of Lumbar intervertebral disc with radiculopathy; herniation of cervical intervertebral disc with radiculopathy; Right sided Sciatica; Chronic Back pain; Lumbar Disc Displacement and Cervical Disc Displacement. The treatments include unspecified number of Acupuncture in 2011; physical therapy in 2011; Lumbar Epidural injections; Norco, Prednisone; Motrin and Robaxin. At dispute are the requests for Acupuncture treatment 2 x weeks for 4 weeks to the neck and lumbar spine; Physical Therapy 2x week for 4 weeks to the neck and lumbar spine.

IMR ISSUES, DECISIONS AND RATIONALES

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

Acupuncture treatment 2x week for 4 weeks to the neck and 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 injured worker sustained a work related injury on 09/14/2010. The medical records provided indicate the diagnosis of herniation of Lumbar intervertebral disc with radiculopathy; herniation of cervical intervertebral disc with radiculopathy; right sided sciatica; chronic back pain; lumbar disc displacement and cervical disc displacement. The treatments include unspecified number of Acupuncture in 2011; physical therapy in 2011; Lumbar Epidural injections; Norco, Prednisone; Motrin and Robaxin. The medical records provided for review do not indicate a medical necessity for Acupuncture treatment 2 x weeks for 4 weeks to the neck and lumbar spine. The available medical records provided indicate the injured worker received this treatment in 2011. There is no indication the worker has received additional treatments since then. However, the MTUS recommends the time to produce functional improvement to be within 3 to 6 treatments; Frequency: 1 to 3 times per week; optimum duration: 1 to 2 months; Acupuncture treatments may be extended if functional improvement is documented as. The requested number of visits exceeds the recommended number in any single treatment period; besides there was no documentation of benefits in the care received in 2011. Therefore, the request is not medically necessary and appropriate.

Physical Therapy 2x week for 4 weeks to the neck and lumbar spine: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Chronic Pain Medical Treatment Guidelines, Physical Therapy Page(s).

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

Decision rationale: The injured worker sustained a work related injury on 09/14/2010. The medical records provided indicate the diagnosis of herniation of Lumbar intervertebral disc with radiculopathy; herniation of cervical intervertebral disc with radiculopathy; right sided sciatica; chronic back pain; lumbar disc displacement and cervical disc displacement. The treatments include unspecified number of Acupuncture in 2011; physical therapy in 2011; Lumbar Epidural injections; Norco, Prednisone; Motrin and Robaxin. The medical records provided for review do not indicate a medical necessity for Physical Therapy 2 x weeks for 4 weeks to the neck and lumbar spine. The MTUS recommends that the patient be educated on home exercise therapy and instructed to continue with this after a period of supervise physical therapy. Based on this the guidelines recommends allow for fading of treatment frequency from up to 3 visits per week to 1 or less, plus active self-directed home exercise physical medicine, therefore the request is not medically necessary.