

Case Number:	CM14-0178132		
Date Assigned:	10/31/2014	Date of Injury:	07/29/2010
Decision Date:	12/17/2014	UR Denial Date:	10/21/2014
Priority:	Standard	Application Received:	10/27/2014

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 & 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 57-year-old female who reported an injury on 07/29/2010. The mechanism of injury was a fall. Her diagnoses include cervical spine disc disease, cervical sprain, thoracic sprain, low back pain, herniation of lumbar disc, lumbar sprain, and lumbar disc bulge with radiculitis. Her past treatments included physical therapy, acupuncture, and lumbar epidural steroid injections. Diagnostic studies included magnetic resonance imaging of the lumbar spine on 08/06/2014. Her surgical history was not provided. At a reevaluation on 10/14/2014, the injured worker complained of constant low back pain with intermittent right leg radiculopathy. She rated her pain at 6/10. Upon examination of the lumbar spine, range of motion was limited to 80 degrees upon flexion, 20 degrees on extension, left lateral flexion 25 degrees, right lateral flexion 25 degrees, left rotation 25 degrees, and right rotation 25 degrees. Her medications included Hydrochlorothiazide. The treatment plan included an extension on her spine surgeon consult authorization, physiotherapy and acupuncture 2 times a week for 4 weeks for the lumbar spine, and a reevaluation in 4 weeks. The rationale for the request was not provided. The Request for Authorization Form was not provided.

IMR ISSUES, DECISIONS AND RATIONALES

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

Physiotherapy two times a week for three weeks (6 sessions) for the lumbar spine: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Physical Medicine Page(s): 98.

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

Decision rationale: The request for physiotherapy two times a week for three weeks (6 sessions) for the lumbar spine is not medically necessary. The injured worker has chronic low back pain radiating into her lower extremities. The California MTUS Guidelines recommend up to 10 visits for patients with unspecified radiculitis to promote functional improvement and provide instruction in a home exercise program. The clinical documentation does note the injured worker has current limited functional deficits in the lumbar spine and the documentation submitted for review indicated that the injured worker had previous physical therapy. However, there was no documentation submitted to indicate how many visits were completed or whether there was objective functional improvement. The number of completed physical therapy visits is unknown, which may cause the requested number of visits to exceed the guidelines. As such, the request for physiotherapy two times a week for three weeks (6 sessions) for the lumbar spine is not medically necessary.

Acupuncture two times a week for three weeks (6 sessions): 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 a week for three weeks (6 sessions) is not medically necessary. The injured worker has chronic low back pain with radicular symptoms to her lower extremities. The California MTUS Acupuncture Medical Treatment Guidelines recommend that acupuncture may be 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 clinical documentation submitted for review indicated that the injured worker had previous acupuncture sessions of an unknown amount. The guidelines also state that acupuncture treatment may be extended to up to 1-3 times per week for up to 1-2 month if there is documentation of functional improvement after an initial trial. The clinical documentation submitted for review failed to include the number of completed sessions of acupuncture. Additionally, there was no indication of functional improvement with previous acupuncture treatments. As such, the request for acupuncture two times a week for three weeks (6 sessions) is not medically necessary.