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| Case Number: | CM14-0094529 | | |
| Date Assigned: | 09/12/2014 | Date of Injury: | 02/03/2014 |
| Decision Date: | 10/22/2014 | UR Denial Date: | 06/17/2014 |
| Priority: | Standard | Application Received: | 06/22/2014 |

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 Anesthesiology, has a subspecialty in Pain 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 42-year-old female whose date of injury is 02/03/14. Records indicate she lifted a heavy bowl of mix and felt a sharp pain in the low back. The injured worker was seen in the ER on 02/16/14 for left low back pain. She was given an anti-inflammatory and muscle relaxant without relief. The injured worker returned to the ER on 02/24/14, and was noted to now have some radiation down her leg. On examination the injured worker was tender to her left low back L4, L5, S1; positive LSR; DTRs 2/4 bilaterally; sensory intact; strength 5/5; gait is altered secondary to pain. CT scan of the lumbar spine was done and showed L4-5 degenerative disc disease with a 6.5 to 7mm broad-based posterior disc protrusion with moderate canal stenosis at that level. The injured worker was prescribed a Medrol DosePak and pain medication. The injured worker was treated with chiropractic care, but there is no comprehensive history of the total number of chiropractic visits, physical therapy visits, or acupuncture sessions. A progress report dated 05/23/14 is handwritten and is mostly illegible. As of this progress report date, the work status is indicated as off work. The injured worker is status post therapeutic right L4-5, L5-S1 medial branch block (MBB) on 06/18/14. There are no subsequent progress notes with assessment. A request for physiotherapy treatment 2 times a week for 4-6 weeks, chiropractor treatment 1 time a week for 4 to 6 weeks, spinal surgical referral and acupuncture 2 times a week for 4 to 6 weeks was denied in utilization review on June 17, 2014.

IMR ISSUES, DECISIONS AND RATIONALES

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

Physiotherapy treatment 2 times a week for 4-6 weeks: 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: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 98-99.

Decision rationale: Per CA MTUS, physical medicine/physical therapy is recommended, noting that passive therapy can provide short term relief in the early phases of pain treatment. Active therapy is based on the philosophy that therapeutic exercise and/or activity are beneficial for restoring flexibility, strength, endurance, function, range of motion, and can alleviate discomfort. Patients are instructed and expected to continue active therapies at home as an extension of the treatment process in order to maintain improvement levels. Such treatment should allow for fading of treatment frequency from up to 3 visits per week to 1 or less, plus active self-directed home exercise program. The injured worker in this case has received an unknown number of physical therapy visits. She has no objective findings on imaging of significant lumbar spine pathology. Physical examination findings per ER reports noted motor, sensory and reflex functions were within normal limits. there was no evidence of significant improvement in response to treatment per progress reports. Based on the clinical information provided, noting the lack of documentation of the number of physical therapy visits completed to date and noting the lack of significant progress in response to treatment, medical necessity is not established for Physiotherapy treatment 2 times a week for 4-6 weeks.

Chiropractor treatment 1 time a week for 4 to 6 weeks: 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: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 58.

Decision rationale: Per CA MTUS, chiropractic/manipulation therapy is recommended for chronic pain caused by musculoskeletal conditions with the intended goal to achieve positive symptomatic or objective measurable gains in functional productive activities. Such therapy is recommended as an option for the low back with a trial of 6 visits over 2 weeks. If there is evidence of objective functional improvement a total of up to 18 visits over 6-8 weeks may be indicated. The injured worker in this case has completed an unknown number of chiropractic visits, with no objective evidence of significant functional improvement. Based on the clinical information provided, medical necessity is not established for Chiropractor treatment 1 time a week for 4 to 6 weeks.

Spinal surgical referral: 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: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 305.

Decision rationale: Per ACOEM Chapter 12 regarding low back complaints, surgical consultation is indicated for patients who have severe and disabling lower leg symptoms in a distribution consistent with abnormalities on imaging studies (radiculopathy), preferably with accompanying objective signs of neural compromise, activity limitations due to radiating leg pain for more than one month or extreme progression of lower leg symptoms, clear clinical, imaging, and electrophysiologic evidence of a lesion that has been shown to benefit in both the short and long term from surgical repair and failure of conservative treatment to resolve disabling radicular symptoms. The records submitted for review do not demonstrate that the injured worker in this case meets the criteria for a spinal surgery consultation. As such, medical necessity is not established for spinal surgical referral.

Acupuncture 2 times a week for 4 to 6 weeks: 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: Decision based on MTUS Acupuncture Treatment Guidelines.

Decision rationale: Per CA MTUS, 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. An initial trial of 3-6 treatments is recommended, and acupuncture treatments may be extended if functional improvement is documented. The injured worker in this case has had a course of acupuncture with a total of 15 sessions completed from 04/23/14 through 08/04/14. There is no evidence of significant functional improvement in response to treatment that would support the request for additional acupuncture. The number of acupuncture visits requested (8 to 12) in addition to the 15 visits completed to date exceeds guidelines. As such, medical necessity is not established for Acupuncture 2 times a week for 4 to 6 weeks.