

Case Number:	CM14-0095819		
Date Assigned:	09/22/2014	Date of Injury:	12/26/2013
Decision Date:	10/21/2014	UR Denial Date:	06/02/2014
Priority:	Standard	Application Received:	06/23/2014

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 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 47-year old right-hand dominant male who suffered a work-related low back injury on December 26, 2013. It was indicated that he was lifting a heavy wooded shelf with a co-worker when he felt the onset of low back pain and when he got back to his station and bent down to pick something his pain got worse. He was diagnosed with (a) chronic lumbar myofascial sprain and strain; (b) evidence of pre-existing Kohler's disease, bilateral feet, minimally symptomatic and (c) Ganglion cyst, left fit, nonindustrial. In an Agreed Medical Evaluation dated August 6, 2014 it was indicated that he complained of constant low back pain which radiated to his right foot and constant left foot pain. The pain was aggravated by prolonged walking, standing, bending, twisting, stopping, lifting, carrying, pushing and pulling. Objective findings to the lumbar spine consisted of moderate paraspinous tenderness with slight spasm located bilaterally, slight midline tenderness noted over L5-S1 and limited range of motion in all planes. On examination of the left foot a 3 centimeter by 4 centimeter ganglion cyst which transilluminated near the talonavicular joint was noted. Tenderness was noted over the ganglion cyst. Radiographs of the lumbar spine in four views revealed no fracture, subluxation or degenerative changes and contour and alignment were normal. Radiographs of the right foot in three views revealed approximately 50% collapse and sclerosis of the navicular bone, there is a dorsal osteophyte of the distal navicular and the 1st metatarsal phalangeal joint angle was 20 degrees with no arthritic changes. Three views of the right foot revealed a bifid medial sesamoid, sclerosis and approximately 50% collapse of the talonavicular joint but no significant spur formation and hallux valgus angle is 20 degrees. He was deemed to have reached medical maximum improvement. This is a review of the requested 12 acupuncture visits to the lumbar spine and 15 physical therapy visits also for the lumbar spine.

IMR ISSUES, DECISIONS AND RATIONALES

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

12 acupuncture visits for lumbar spine: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Acupuncture Page(s): 8. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Low Back, Acupuncture

Decision rationale: According to evidence-based guidelines, acupuncture is used as an option when pain medication is reduced or not tolerated and it may be used as an adjunct to physical rehabilitation and/or surgical intervention to hasten functional recovery. Documentation does not indicate that his medication has been substantially reduced or is not tolerated by the injured worker. As per ODG-TWC 2013, it was indicated that an initial trial of 3-4 visits for over two weeks is recommended and the amount being requested do not conform to the stated recommendation. Due to the lack of evidence that medication are reduced or not tolerated and the requested number of visit is not recommended for trial of acupuncture for the low back complaints, the medical necessity of the requested 12 acupuncture therapy sessions is not established.

15 physical therapy visits for lumbar spine: Upheld

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

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

Decision rationale: Evidence-based guidelines indicate that for chronic pain, active physical modalities (including home exercise, education, or activity modification) are preferred rather than passive treatment modalities which are proven to show better and significant outcomes. Moreover, this injured worker has undergone prior conservative treatment measures including 12 physical therapy sessions and several chiropractic treatments which only provided temporary benefits. Pain was continuous and persistent during the entirety of the therapy sessions with no noted functional improvements. Based on this information, there are not presenting evidence that the injured worker may benefit from further physical therapy sessions. Hence, the medical necessity of the requested 15 physical therapy sessions for the lumbar spine is not established.