

Case Number:	CM14-0202182		
Date Assigned:	12/12/2014	Date of Injury:	07/31/2013
Decision Date:	02/03/2015	UR Denial Date:	11/05/2014
Priority:	Standard	Application Received:	12/03/2014

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 applicant is a represented [REDACTED] employee who has filed a claim for chronic low back pain reportedly associated with an industrial injury of July 31, 2013. In a Utilization Review Report dated November 5, 2014, the claims administrator approved Norco, approved Neurontin, partially approved a request for 10 sessions of acupuncture as six sessions of acupuncture, and denied eight sessions of physical therapy. The claims administrator stated that its decision was based on an RFA form received on October 29, 2014. The claims administrator noted that the applicant had undergone earlier epidural steroid injection therapy and earlier unspecified amounts of physical therapy. The applicant's attorney subsequently appealed. On November 4, 2014, the applicant reported 7/10 low back pain radiating to the bilateral lower extremities. The applicant had superimposed issues with diabetes, which the applicant stated were reportedly under control. The applicant was pending physical therapy, acupuncture, epidural steroid injection therapy, and a TENS unit trial, it was stated. The applicant had apparently consulted a neurosurgeon who had apparently declined to intervene operatively at the present time. Norco, Neurontin, a pain management consultation, epidural steroid injection therapy, and work restrictions were endorsed. It was not clearly stated whether the applicant was or was not working, although this did not appear to be the case. In an earlier progress note of October 1, 2014, the applicant reported 6/10 low back pain radiating to the bilateral lower extremities. The attending provider stated that the applicant wanted to return to work but did not outline whether the applicant was or was not working at present. 5/5 lower extremity strength was noted on exam. The applicant was given refills of Norco and Neurontin. On October 24, 2014, the applicant was again given refills of Norco and Neurontin. Work restrictions were endorsed. 6/10 pain was noted. The applicant reported difficulty with standing, walking, and

bending activities. Permanent work restrictions previously recommended by a medical-legal evaluator were endorsed.

IMR ISSUES, DECISIONS AND RATIONALES

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

Ten visits for acupuncture: Upheld

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

MAXIMUS guideline: Decision based on MTUS Acupuncture Treatment Guidelines.

Decision rationale: While the MTUS Acupuncture Medical Treatment Guidelines do endorse acupuncture for a wide variety of purposes, including in the chronic pain context reportedly present here, the 10-session course of acupuncture being sought here represents treatment well in excess of the three to six treatments deemed necessary to produce functional improvement in MTUS 9792.24.1.c.1. No compelling applicant-specific rationale for treatment this far in excess of the MTUS parameters was proffered by the attending provider who did not, furthermore, clearly outline whether the applicant had or had not had prior acupuncture. Therefore, the request is not medically necessary.

Eight sessions of physical therapy: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Physical Medicine topic.Functional Restoration approach to Chronic Pain Management section.M.

Decision rationale: While page 99 of the MTUS Chronic Pain Medical Treatment Guidelines does support a general course of 8 to 10 sessions of treatment for radiculitis, the diagnosis reportedly present here, this recommendation, however, is qualified by commentary made on page 8 of the MTUS Chronic Pain Medical Treatment Guidelines to the effect that there must be demonstration of functional improvement at various milestones in the treatment program in order to justify continued treatment. Here, however, the applicant is seemingly off of work. Permanent work restrictions imposed by a medical-legal evaluator were renewed, unchanged, from visit to visit. The applicant remains dependent on opioid agents such as Norco and Neurontin and is, furthermore, having continued difficulty performing activities of daily living as basic as standing, bending, and walking. All of the foregoing, taken together, suggests a lack of functional improvement as defined in MTUS 9792.20f, despite completion of earlier physical therapy in unspecified amounts over the course of the claim. Therefore, the request for additional physical therapy is not medically necessary.

