

Case Number:	CM14-0213569		
Date Assigned:	12/31/2014	Date of Injury:	07/16/2010
Decision Date:	02/25/2015	UR Denial Date:	12/02/2014
Priority:	Standard	Application Received:	12/19/2014

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. 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/Service. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

The Expert Reviewer has the following credentials:

State(s) of Licensure: California

Certification(s)/Specialty: Physical Medicine & Rehabn

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 patient is a 58-year-old female with an injury date of 07/16/10. Based on the 07/10/14 progress report provided by treating physician, the patient complains of low back pain. Physical examination on 11/19/14 revealed lumbar range of motion of 90 degrees of flexion with forward reach to the ankles, extension of 30 degrees and lateral flexion of 30 degrees on each side. Patient's medications include Ultram, Naprosyn, and Prilosec, per progress report dated 11/20/13. Per progress report dated 11/19/14, physician states that "acupuncture has been helping in reducing her need for medications." and that " recently she had difficulty getting up from lying down on an acupuncture table and her therapist thought that she needed some help with physical therapy to improve her core strength." There are no documentations of the number of previous physical therapy and acupuncture sessions. Patient's is permanent and stationary. Diagnosis 11/19/14- L4 to S1 spondylosisThe utilization review determination being challenged is dated 12/02/14. The rationale follows: 1) 12 ACUPUNCTURE SESSIONS FOR THE LUMBAR SPINE: "...patient has undergone acupuncture treatments as far back as 2011 and it has not been clarified how many acupuncture sessions the patient has undergone."2) PHYSICAL THERAPY 3 TIMES A WEEK FOR 2 WEEKS FOR THE LUMBAR SPINE: "... it is not evident that the re-initiation of physical therapy is medically necessary."Treatment reports were provided from 11/20/13 - 11/19/14.

IMR ISSUES, DECISIONS AND RATIONALES

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

12 Acupuncture Sessions for The Lumbar Spine: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines 9792.24.1. Acupuncture Medical Treatment Guidelines Page(s): 13 OF 127.

Decision rationale: The patient presents with low back pain. The request is for 12 ACUPUNCTURE SESSIONS FOR THE LUMBAR SPINE. Patient's diagnosis on 11/19/14 included L4 to S1 spondylosis. Patient's medications include Ultram, Naprosyn, and Prilosec, per progress report dated 11/20/13. There are no documentations of the number of previous physical therapy and acupuncture sessions. Patient is permanent and stationary. 9792.24.1. Acupuncture Medical Treatment Guidelines. MTUS pg. 13 of 127 states: " (i) Time to produce functional improvement: 3 to 6 treatments (ii) Frequency: 1 to 3 times per week (iii) Optimum duration: 1 to 2 months.(D) Acupuncture treatments may be extended if functional improvement is documented as defined in Section 9792.20(e)."Per progress report dated 11/19/14, treater states that "acupuncture has been helping in reducing her need for medications." UR letter dated 12/02/14 states "...patient has undergone acupuncture treatments as far back as 2011 and it has not been clarified how many acupuncture sessions the patient has undergone..." MTUS requires documentation of functional improvement, defined by labor code 9792.20(e) as significant change in ADL's, or change in work status AND reduced dependence on other medical treatments. In this case, treater indicates that the patient is taking less medication with acupuncture but does not discuss treatment history. MTUS recommends 1-2 months of treatments when functional improvement has been documented. Without knowing treatment history, additional acupuncture cannot be considered. Therefore, the request IS NOT medically necessary.

Physical Therapy 3 Times A Week for 2 Weeks for The Lumbar Spine: Upheld

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

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

Decision rationale: The patient presents with low back pain. The request is for PHYSICAL THERAPY 3 TIMES A WEEK FOR 2 WEEKS FOR THE LUMBAR SPINE. Patient's diagnosis on 11/19/14 included L4 to S1 spondylosis. Patient's medications include Ultram, Naprosyn, and Prilosec, per progress report dated 11/20/13. There are no documentations of the number of previous physical therapy and acupuncture sessions. Patient is permanent and stationary. MTUS pages 98, 99 has the following: "Physical Medicine: recommended as indicated below. Allow for fading of treatment frequency (from up to 3 visits per week to 1 or less), plus active self-directed home Physical Medicine." MTUS guidelines pages 98, 99 states

that for "Myalgia and myositis, 9-10 visits are recommended over 8 weeks. For Neuralgia, neuritis, and radiculitis, 8-10 visits over 4 weeks are recommended."Treater has not provided a reason for the request, nor provided physical therapy treatment history. UR letter dated 12/02/14 states "... it is not evident that the re-initiation of physical therapy is medically necessary..." Treater does not discuss any flare-ups, explain why on-going therapy is needed, or reason the patient is unable to transition into a home exercise program. Therefore, the request IS NOT medically necessary.