MAXIMUS Federal Services

Case Number:	CM14-0216393		
Date Assigned:	01/06/2015	Date of Injury:	06/25/2013
Decision Date:	02/28/2015	UR Denial Date:	11/26/2014
Priority:	Standard	Application Received:	12/24/2014

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 & Rehabilitation

CLINICAL CASE SUMMARY

The expert reviewer developed the following clinical case summary based on a review of the case file, including all medical records:

This 36 year old male was a machine operator when he sustained an injury on June 25, 2013. He stumbled while pulling plastic and twisted his back. The results of the injury included left arm and back pain. Past treatment included chiropractic therapy, MRIs, and physical therapy. On August 22, 2014, the injured worker underwent a right shoulder manipulation under anesthesia; arthroscopic subacromial decompression, partial anterior acromioplasty and coracoacromial ligament release with subacromial synovectomy and bursectomy; and a joint anesthetic injection. On September 27 2014, the treating physician noted pain and stiffness of the neck, upper back, and lower back; and numbness of right leg with tingling of the feet. The physical exam revealed no difficulty rising from a sitting position, and was able to stand without the use of the chair arms. There was tenderness to palpation of the cervical spine, scapular, and thoracic region. The cervical range of motion was normal. The lower back exam revealed sacroiliac joint tenderness, spasm and tenderness of the paravertebral muscles, and the injured worker complained of cracking with range of motion. The lumbar range of motion was mildly decreased. The neurological exam revealed no pain while sustaining the hips and knees in an extended position, negative Lasegue's test, positive right straight leg raise at 70 degrees, negative left straight leg raise, normal deep tendon reflexes including the patellar, ankle, and plantar reflexes, no pathological deep tendon reflexes, normal motor power and sensation, and normal circulation of the bilateral lower extremities. Diagnoses were lumbar strain and suspect disc herniation with radiculopathy. The physician indicated MRI had been performed, but there is no documentation of the findings in the provided medical records. The physician recommended a back brace and

medications, but did not specify the medications. The current work status was temporarily totally disabled. The injured worker was not currently working. The records show that the injured worker completed 10 sessions of physical therapy with therapeutic exercise, manual therapy, electrical stimulation, and education for a home exercise program between September 12, 2014 and October 15, 2014, but specific results of therapy are not provided. There was no documentation provided that indicated the injured worker had been previously treated with acupuncture or not. On November 26, 2014, Utilization Review non-certified a prescription for 6 visits (1 x 6) of acupuncture and a prescription for 12 visits (2 x 6) of requested on November 21, 2014. The acupuncture was non-certified based on the lack of documentation of prior history and lumbar treatments to date with the results. There was no documentation of whether the injured worker had received prior acupuncture treatment, the goals and rationale for acupuncture treatment, current functioning in activities of daily living, and pain medication response. The physical therapy was non-certified based on the lack of documentation of prior chiropractic and physical therapy with ongoing functional gains. The documentation did not include the rationale and specific physical therapy type, goals for further physical therapy, and sufficient evidence that the injured worker was participating in a home exercise program. The California Medical Treatment Utilization Schedule (MTUS), Chronic Pain Medical Treatment Guidelines for Acupuncture and Physical Medicine were cited.

IMR ISSUES, DECISIONS AND RATIONALES

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

6 sessions of acupuncture for the low back: Overturned

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

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

Decision rationale: This patient presents with chronic, neck, low back and bilateral knee pain. The current request is for acupuncture 1x6 weeks, low back. The utilization review denied the request stating that the cited acupuncture guidelines are not met with the lack of documentation to evidence that after a year and a half of treatment, functional restoration may be hastened.? For acupuncture, the MTUS Guidelines page 8 recommends acupuncture for pain, suffering and for restoration of function. The recommended frequency and duration is 3 to 6 treatments for trial and with functional improvement, 1 to 2 times per day with optimal duration of 1 to 2 months. Treatment history regarding acupuncture is not provided in the 2 progress reports provided for review. According to the utilization review, the patient's prior treatment history includes physical therapy and chiropractic treatment. It appears the patient has not participated in acupuncture treatments in the past. Given the patient's continued pain, a trial of 6 sessions is within MTUS Guidelines. The requested acupuncture is medically necessary.

12 sessions of physical therapy for the low back: Upheld

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

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

Decision rationale: This patient presents with chronic neck, low back, and bilateral knee complaints. The current request is for PT 2x6 weeks, low back. For physical medicine, the MTUS Guidelines page 98 and 99 recommends for myalgia, myositis, neuralgia-type symptoms, 9 to 10 sessions over 8 weeks. The medical file provided for review indicates the patient has participated in a postsurgical physical therapy for the right shoulder. There is no indication that the patient has had any recent conservative care regarding his low back complaints. Given such, a course of 9-10 sessions is within MTUS Guidelines. The treating physician's request for initial 12 sessions to address the lower back complaints exceeds what is recommended by MTUS. The requested physical therapy is not medically necessary.