

Case Number:	CM14-0217711		
Date Assigned:	01/07/2015	Date of Injury:	07/01/2013
Decision Date:	03/05/2015	UR Denial Date:	12/18/2014
Priority:	Standard	Application Received:	12/29/2014

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:

The injured worker is a 42 year old female who suffered an unknown work related injury on 07/01/2013. Per the physician notes from 10/03/14 she complains of pain in the lower back with radicular symptoms into her bilateral legs. Symptoms are aggravated by prolonged sitting, standing, and walking. There is tightness and spasm in the lumbar paraspinal musculature noted bilaterally, hypoesthesia along the anterior lateral aspect of the foot and ankle, L5 and S1 dermatome levels bilaterally. Weakness is noted with big toe dorsiflexion plantar flexion bilaterally. Diagnoses include herniated lumbar disc L5-S1 with radiculitis/radiculopathy with spondylolisthesis. Recommended treatments include ESI L4/5 and L5/S1, laboratory tests to include CBC, SMA7, Pt, PTT with INR, and UA; physical therapy, acupuncture treatments, and medications to include Norco, Anaprox, Fexmid, Ultram, and Prilosec. The Physical therapy and acupuncture treatment were denied by the Claims administrator on 12/18/14 and were subsequently appealed for Independent Medical Review.

IMR ISSUES, DECISIONS AND RATIONALES

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

(Retro) DOS 10/03/14 Physical therapy for low back 1 x 6: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines- Low Back

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

Decision rationale: The patient presents with pain in her lower back with radicular symptoms into the right and left leg. The retrospective request is for PHYSICAL THERAPY 1 X 6 to increase range of motion, strength training, and decreasing pain. The utilization review denial letter states that the patient was already authorized 12 sessions of physical therapy on 07/28/14. MTUS page 98 and 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 page 98 and 99 states that for myalgia and myositis, 9 to 10 visits are recommended over 8 weeks and for myalgia, neuritis, and radiculitis, 8 to 10 visits are recommended. The utilization review denial letter indicates that the patient has already had 12 sessions of therapy; however, there is no indication of how this therapy impacted the patient's pain/function or when these sessions took place. There is no discussion as to why the patient is not able to establish a home exercise program to manage pain. Furthermore, an additional 6 sessions of physical therapy to the 12 sessions the patient has already had exceeds what is allowed by MTUS guidelines. The requested physical therapy IS NOT medically necessary.

(Retro) DOS 10/03/14 Acupuncture treatment for low back 1 x 6: Overturned

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.

Decision rationale: The patient presents with pain in her lower back with radicular symptoms into the right and left leg. The retrospective request is for ACUPUNCTURE 1 X 6 to decrease muscle spasms and decrease pain. Review of the reports provided does not indicate if the patient has had any prior acupuncture. For acupuncture, the MTUS Guidelines page 8 recommends acupuncture for pain, suffering, and for restoration of function. Recommended frequency and duration is 3 to 6 treatments for trial, and with functional improvement, 1 to 2 per month. For additional treatment, MTUS Guidelines require functional improvement as defined by Labor Code 9792.20(e), a significant improvement in ADLs, or change in work status and reduced dependence on medical treatments. In this case, there is no indication that the patient has had any prior acupuncture sessions. MTUS supports initial trial of 3-6 acupuncture treatments and additional treatments with functional improvement. The request IS medically necessary.