

Case Number:	CM14-0037686		
Date Assigned:	06/25/2014	Date of Injury:	01/12/2012
Decision Date:	01/02/2015	UR Denial Date:	03/12/2014
Priority:	Standard	Application Received:	03/28/2014

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 January 12, 2012. Thus far, the applicant has been treated with the following: Analgesic medications; transfer of care to and from various providers in various specialties; and unspecified amounts of physical therapy over the course of the claim. In a Utilization Review Report dated March 14, 2014, the claims administrator partially approved a request for 12 sessions of acupuncture as six sessions of acupuncture, denied a request for massage therapy, partially approved a request for 12 sessions of physical therapy as 10 sessions of the same, and denied a home exercise kit. The claims administrator noted that the applicant's case and care had been complicated by a recent pregnancy. The claims administrator did not state how much acupuncture and/or physical therapy the applicant had had through that point in time. The claims administrator stated that its decision was based on office visits of February 13, 2014, January 2, 2014, and December 5, 2013. In a December 5, 2013 progress note, the applicant reported ongoing complaints of low back pain radiating to the left leg with bilateral wrist pain also evident. Physical therapy was endorsed. The applicant was pending physical therapy. The applicant was nursing her newborn child, it was stated. The applicant was kept off of her usual and customary work as a hair stylist. The remainder of the file was surveyed. Neither the January 2, 2014 nor the February 13, 2014 progress notes made available to the claims administrator were incorporated into the Independent Medical Review packet.

IMR ISSUES, DECISIONS AND RATIONALES

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

Acupuncture Treatment 3 x 4 to the Lower Back: Upheld

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

MAXIMUS guideline: Decision based on MTUS Acupuncture Treatment Guidelines.

Decision rationale: While the Acupuncture Medical Treatment Guidelines in MTUS 9792.24.1 do acknowledge that acupuncture can be employed for a wide variety of purposes, including to reduce pain, to provoke relaxation, in applicants in whom pain medications are not tolerated, for chronic pain purposes, as an adjunct to postsurgical rehabilitation, etc., this recommendation, however, is qualified by commentary made in MTUS 9792.24.1.c.1 to the effect that the time deemed necessary to produce functional improvement following introduction of acupuncture is "three to six treatments." In this case, the attending provider did not outline any compelling rationale for provision of treatment at a rate two to four times the MTUS parameters, although it is acknowledged that the February 13, 2014 progress note on which the article at issue was sought was seemingly not incorporated into the Independent Medical Review packet. The information which is on file, however, failed to support or substantiates the request. Therefore, the request is not medically necessary.

Massage to the Lower Back 3 x 4: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Massage Therapy Physical Medicine topic Page(s): 60 98.

Decision rationale: As noted on page 60 of the MTUS Chronic Pain Medical Treatment Guidelines, massage therapy should be employed as an adjunct to other recommended treatments such as exercise and should be limited to four to six visits in most cases. Here, the request for 12 sessions of treatment, thus, is at odds with page 60 of the MTUS Chronic Pain Medical Treatment Guidelines and with page 98 of the MTUS Chronic Pain Medical Treatment Guidelines, which stipulates that passive modalities such as massage be employed "sparingly" during the chronic pain phase of the claim. Again, as with the preceding request, the attending provider did not furnish any compelling applicant-specific rationale which would offset the unfavorable MTUS position on the article at issue, although it is acknowledged that the February 13, 2014 progress note on which the article in question was sought was seemingly not incorporated into the Independent Medical Review packet. The information which is on file, however, failed to support or substantiates the request. Therefore, the request is not medically necessary.

Physical Therapy (PT) for the Lower Back 3 x 4: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints, Chronic Pain Treatment Guidelines Physical Therapy Guidelines. Decision based on Non-MTUS Citation ODG(The Official Disability Guidelines) Physical Therapy Guidelines

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Physical Medicine, Functional Restoration Approach to Chronic Pain Management section Page(s).

Decision rationale: The 12-session course of treatment at issue, in and of itself, represents treatment well in excess of the 9- to 10-session course recommended on page 99 of the MTUS Chronic Pain Medical Treatment Guidelines for myalgias and myositis of various body parts. The applicant had had prior unspecified amounts of physical therapy over the course of the claim, including physical therapy which was ordered on December 5, 2013. Page 8 of the MTUS Chronic Pain Medical Treatment Guidelines stipulates 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's response to earlier physical therapy treatment was not clearly outlined, although it is acknowledged that the February 13, 2014 progress note on which the request for additional physical therapy was sought was not incorporated into the Independent Medical Review packet. The information which is on file, however, fails to outline the applicant's response to earlier treatment. Therefore, the request is not medically necessary.

Home Exercise Kit to the Low Back: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation ODG(The Official Disability Guidelines) Exercise Equipment

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 5 Cornerstones of Disability Prevention and Management, Chapter 12 Low Back Complaints Page(s): 309 83, Chronic Pain Treatment Guidelines Physical Medicine topic Page(s): 98.

Decision rationale: As noted in the MTUS-adopted ACOEM Guidelines in Chapter 12, Table 12-8, page 309, back-specific exercise machines are deemed "not recommended." The MTUS Guideline in ACOEM Chapter 5, page 83 further notes that, to achieve functional recovery, applicants must assume certain responsibilities, one of which includes adhering to and maintaining exercise regimens. The home exercise kit at issue, thus, per ACOEM, is an article of applicant responsibility as opposed to an article of payer responsibility. Finally, page 98 of the MTUS Chronic Pain Medical Treatment Guidelines notes that applicants are expected to continue active therapies at home as an extension of the treatment process. Here, it was not clearly stated or clearly outlined how or why the home exercise kit was needed to facilitate the applicant's performance of home exercises and/or why the applicant could not perform said home exercise of her own accord, although it is acknowledged that as with the other reports, that the February 13, 2014 progress note on which the article in question was sought was not incorporated into the Independent Medical Review packet. The information which is on file, however, failed to support or substantiates the request. Therefore, the request is not medically necessary.