

Case Number:	CM15-0005997		
Date Assigned:	01/26/2015	Date of Injury:	01/24/2014
Decision Date:	03/30/2015	UR Denial Date:	12/22/2014
Priority:	Standard	Application Received:	01/12/2015

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: Nevada, California

Certification(s)/Specialty: Anesthesiology, Pain Management

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 37-year-old male who reported injury on 01/24/2014. The mechanism of injury was: the injured worker was wrapping the bottom of a pallet for shipping on a truck and felt extreme pain in his low back. The injured worker was noted to have a CT scan and MRI of the lumbar, and utilize ibuprofen, muscle relaxants and pain medication. The injured worker was noted to have no surgical history. The injured worker was noted to be recommended for physical therapy on 06/16/2014. The injured worker attended physical therapy. The injured worker was noted to have attended aquatic therapy and 24 sessions of physical therapy. The injured worker was not noted to have attended acupuncture. There was a Request for Authorization submitted for review. The documentation of 11/03/2014 revealed the injured worker had constant, moderate, sharp low back pain. The ranges of motion were decreased. There was tenderness to palpation of the lumbar paravertebral muscles and there was muscle spasm of the lumbar paravertebral. The Kemp's test was positive bilaterally, as was the sitting straight leg raise test. The diagnoses included lumbar disc protrusion, lumbar myospasm, lumbar pain and lumbar radiculopathy. The treatment plan included aquatic therapy 12 sessions to increase range of motion and ADLs and decrease pain, there were noted to be 8 sessions remaining; and refer to acupuncture 2 x4 to increase range of motion, increase activities of daily living and decrease pain.

IMR ISSUES, DECISIONS AND RATIONALES

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

Aquatic Therapy - lumbar x12 sessions: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Aquatic therapy.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Aquatic Therapy; Physical Medicine Page(s): 22; 98, 99.

Decision rationale: The California Medical Treatment Utilization Schedule Guidelines recommend aquatic therapy for injured workers who have a need for reduced weight bearing. The treatment for myalgia, myositis and radiculitis is up to 10 visits. The clinical documentation submitted for review failed to indicate the injured worker had a necessity for reduced weight bearing. Additionally, there was a lack of documentation indicating the objective functional improvement that was received from the prior therapy. There was a lack of documentation indicating a necessity for additional sessions. There was a lack of documentation of remaining functional deficits. Given the above, the request for aquatic therapy - lumbar x12 sessions is not medically necessary.

Acupuncture - lumbar 2x Wk for 4Wks: Upheld

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

MAXIMUS guideline: Decision based on MTUS Acupuncture Treatment Guidelines.

Decision rationale: The California Medical Treatment Utilization Schedule Guidelines indicated that acupuncture is used as an option when pain medication is reduced or not tolerated, and it may be used as an adjunct to physical rehabilitation. The time to produce functional improvement is 3 to 6 treatments. The clinical documentation submitted for review indicated the injured worker had previously not undergone acupuncture therapy. However, there was a lack of documentation indicating a necessity for 8 treatments versus the initial 6 treatments. Given the above and the lack of documentation, the request for acupuncture - lumbar 2x Wk for 4Wks is not medically necessary.