

Case Number:	CM15-0010430		
Date Assigned:	01/28/2015	Date of Injury:	06/23/2014
Decision Date:	03/24/2015	UR Denial Date:	12/22/2014
Priority:	Standard	Application Received:	01/19/2015

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: California, Hawaii

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 24 year old male who sustained a work related injury on June 23, 2014, while working as a cook. He was lifting a bag of flour weighing 50 pounds and developed a sharp pain in the back. Diagnoses of a lumbar sprain and radiculitis of the lower back were made. Treatment plan included medications, Transcutaneous Electrical Nerve Stimulation (TENS) unit, physical therapy acupuncture treatment of the lumbar spine and shock-wave therapy. Magnetic Resonance Imaging (MRI), X rays and electromyogram were performed. Currently, the injured worker complained of persistent muscle spasms and low back pain with numbness and tingling of the lower extremities. On December 22, 2014, a request for services for continued physical therapy, continued acupuncture and continued shock-wave therapy was non-certified by Utilization Review, noting the California MTUS Chronic Pain Medical treatment Guidelines, California MTUS Acupuncture medical treatment Guidelines and Official Disability Guidelines.

IMR ISSUES, DECISIONS AND RATIONALES

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

18 Continued Physical Therapy Visits, 3 Times A Week for 6 Weeks, for The Lumbar Spine: Upheld

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

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

Decision rationale: The patient presents with pain affecting the low back accompanied with numbness and tingling of the bilateral lower extremity. The current request is for 18 Continued Physical Therapy Visits, 3 Times A Week for 6 Weeks, for The Lumbar Spine. The treating physicians report dated 11/19/14 (33) states, "The patient is to continue with the course of physical therapy and acupuncture treatment for the lumbar spine in a frequency of 3 times per week for a period of 6 weeks." MTUS guidelines goes on to state that for "Myalgia and myositis, 9-10 visits are recommended over 8 weeks. For Neuralgia, neuritis, and radiculitis, 8-10 visits are recommended." Medical reports provided show the patient has received an unknown number of PT visits to date and the treating physician is asking for 18 more. In this case, the current request for 18 exceeds the 9-10 visits recommended by the MTUS guidelines. Furthermore, there is no rationale by the physician in the documents provided as to why the patient requires treatment above and beyond the MTUS guidelines. Recommendation is for denial.

18 Continued Acupuncture Visits, 3 Times A Week for 6 Weeks, for The Lumbar Spine:
Upheld

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

MAXIMUS guideline: Decision based on MTUS Acupuncture Treatment Guidelines.

Decision rationale: The patient presents with pain affecting the low back accompanied with numbness and tingling of the bilateral lower extremity. The current request is for 18 Continued Acupuncture Visits, 3 Times A Week for 6 Weeks, for The Lumbar Spine. The treating physicians report dated 11/19/14 (33) states, "The patient is to continue with the course of physical therapy and acupuncture treatment for the lumbar spine in a frequency of 3 times per week for a period of 6 weeks." Review of the Acupuncture Medical Treatment Guidelines (AMTG) supports acupuncture for 3-6 treatments and treatments may be extended if functional improvement is documented. The guidelines go on to state "Frequency: 1 to 3 times per week, Optimum duration: 1 to 2 month." The UR report dated 12/22/14 notes that the patient was certified for 4 sessions of acupuncture on 12/16/14 (16). Medical reports provided show the patient has received an unknown number of acupuncture treatments to date and the treating physician is asking for 18 more. In this case, the current request does not satisfy the AMTG guidelines as it only supports treatment beyond 3-6 visits if functional improvement is documented. Furthermore, there is no rationale by the physician in the documents provided as to why the patient requires treatment above and beyond the AMTG guidelines. Recommendation is for denial.

6 Visits of Shockwave Therapy, 1 Time per Week for 6 Weeks, for The Lumbar Spine:
Upheld

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

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation ODG, Low back chapter Shockwave therapy

Decision rationale: The patient presents with pain affecting the low back accompanied with numbness and tingling of the bilateral lower extremity. The current request is for 6 visits of shockwave therapy, 1 time per week for 6 weeks for the lumbar spine. The treating physicians report dated 11/19/14 (33) states, "The patient is to continue with the course of physical therapy and acupuncture treatment for the lumbar spine in a frequency of 3 times per week for a period of 6 weeks." The MTUS Guidelines do not discuss shock wave therapy. The ODG guidelines state, "The available evidence does not support the effectiveness of ultrasound or shock wave for treating LBP. In the absence of such evidence, the clinical use of these forms of treatment is not justified and should be discouraged." There is no medical evidence to support the current request and ODG does not recommend shock wave therapy of the lumbar spine. Recommendation is for denial.