

Case Number:	CM15-0011845		
Date Assigned:	01/29/2015	Date of Injury:	08/28/2014
Decision Date:	03/27/2015	UR Denial Date:	01/02/2015
Priority:	Standard	Application Received:	01/20/2015

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, Arizona

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 45-year-old male who reported an injury on 08/28/2014. The mechanism of injury was not provided. The injured worker was noted to have undergone 16 sessions of aquatic therapy. Other therapies included acupuncture. There was a Request for Authorization submitted for review dated 12/12/2014 for the aquatic therapy. The documentation of 12/12/2014 revealed the injured worker had pain in the lumbar spine. The injured worker was noted to be having good benefits with acupuncture and aquatic therapy. The injured worker indicated he had burning low back pain that continued to be bothersome and there was associated radiation into the lower extremity with constant numbness and tingling. The physical examination revealed midline tenderness in the paralumbar musculature with spasm and tightness. There was decreased range of motion of the lumbar spine. The sensation testing in the bilateral lower extremities revealed decreased sensation at L5-S1, right greater than left. There was difficulty with heel/toe walk and the injured worker had pain and weakness. The injured worker had a positive straight leg raise at 75 degrees and the sciatic stretch sign was positive. The diagnosis included lumbar spine disc herniation syndrome with right side radiculopathy. The treatment plan included continuation of aquatic therapy for 8 visits for the lumbar spine and acupuncture.

IMR ISSUES, DECISIONS AND RATIONALES

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

Additional Aquatic therapy x8 for the lumbar spine: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints, Acupuncture Treatment Guidelines, Chronic Pain Treatment Guidelines.

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 as an additional form of therapy, especially where there is a necessity for reduced weight bearing. The treatment is recommended for up to 10 visits for myalgia and myositis and radiculitis. The clinical documentation submitted for review indicated the injured worker had previously undergone 16 sessions of aquatic therapy. There was a lack of documentation of objective functional benefit and remaining functional deficits. The request for 8 additional sessions would exceed guideline recommendations, as the injured worker had attended 16 sessions previously. Given the above, the request for additional aquatic therapy x8 for the lumbar spine is not medically necessary.

Additional Acupuncture treatment x8 for the lumbar spine: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints, Acupuncture Treatment Guidelines, Chronic Pain Treatment Guidelines.

MAXIMUS guideline: Decision based on MTUS Acupuncture Treatment Guidelines.

Decision rationale: The California MTUS guidelines state that acupuncture is used as an option when pain medication is reduced or not tolerated and it is recommended as an adjunct to physical rehabilitation and/or surgical intervention to hasten functional recovery. Acupuncture can be used to reduce pain, reduce inflammation, increase blood flow, increase range of motion, decrease the side effect of medication-induced nausea, promote relaxation in an anxious patient, and reduce muscle spasm. The time to produce functional improvement is 3-6 treatments and Acupuncture treatments may be extended if functional improvement is documented including either a clinically significant improvement in activities of daily living or a reduction in work restrictions. The clinical documentation indicated the injured worker had previously undergone acupuncture treatment. However, there was a lack of documentation of a clinically significant improvement in activities of daily living or a reduction in work restrictions. Given the above, the request for additional Acupuncture treatment x8 for the lumbar spine is not medically necessary.