

Case Number:	CM15-0114353		
Date Assigned:	06/22/2015	Date of Injury:	04/12/2013
Decision Date:	08/18/2015	UR Denial Date:	05/13/2015
Priority:	Standard	Application Received:	06/13/2015

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: New York

Certification(s)/Specialty: Internal Medicine, Pulmonary Disease

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 50 year old female who sustained an industrial injury on 04/12/2013. There was no mechanism of injury documented. The injured worker was diagnosed with lumbar spine sprain/strain, lumbar radiculopathy and internal derangement of right knee. Treatment to date has included diagnostic testing, transcutaneous electrical nerve stimulation (TEN's) unit, H-wave, physical therapy, chiropractic therapy, acupuncture therapy, home exercise program and medications. The injured worker has declined injections at this time. No surgery has been performed. According to the primary treating physician's progress report on May 8, 2015, the injured worker continues to experience low back pain with radiation to the right leg and foot with numbness and tingling. Examination demonstrated difficulties with range of motion of the lumbar spine due to pain. Tenderness was noted in the spinal and paraspinal muscles. Current medications are listed as Ibuprofen, Lidoderm patch and topical analgesic creams. Treatment plan consists of pain management consultation, continue medication regimen, H-wave and stretching exercises, remain active and the current request for follow-up evaluation with an orthopedist (lumbar spine), acupuncture therapy for the lumbar spine once weekly for six weeks, physical therapy for the lumbar spine once weekly for six weeks and a neuro muscular stimulator (NMS) unit.

IMR ISSUES, DECISIONS AND RATIONALES

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

Acupuncture for the lumbar, once weekly for six weeks: Upheld

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

MAXIMUS guideline: Decision based on MTUS Acupuncture Treatment Guidelines.

Decision rationale: The patient is a 50 year old female with an injury on 04/12/2013. She has lumbar strain and right knee pain. She has been treated with a TENS unit, H-wave, physical therapy, chiropractic therapy, acupuncture and a home exercise program. On 05/08/2015 she had low back pain with spinal/paraspinal muscle tenderness. The patient has already been treated with acupuncture. The acupuncture guidelines do not provide for chronic treatments for muscle tenderness. The request is not medically necessary.

Physical therapy for the lumbar spine, once weekly for six weeks: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 98 - 99.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 287 - 316.

Decision rationale: The patient is a 50 year old female with an injury on 04/12/2013. She has lumbar strain and right knee pain. She has been treated with a TENS unit, H-wave, physical therapy, chiropractic therapy, acupuncture and a home exercise program. On 05/08/2015, she had low back pain with spinal/paraspinal muscle tenderness. By this point in time, the patient should have been transitioned to a home exercise program and she has been trained in a home exercise program. There is no documentation that continued formal physical therapy is superior to a home exercise program at this point nit time relative to the injury. The request is not medically necessary.

NMS: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 117 - 118.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 300.

Decision rationale: The patient is a 50 year old female with an injury on 04/12/2013. She has lumbar strain and right knee pain. She has been treated with a TENS unit, H-wave, physical therapy, chiropractic therapy, acupuncture and a home exercise program. On 05/08/2015, she had low back pain with spinal/paraspinal muscle tenderness. Neuromuscular stimulation is a physical therapy modality that is not a recommended treatment. It is not medically necessary.

Follow-up evaluation with an orthopedist (lumbar spine): Upheld

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

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation ACOEM Guidelines, Chapter 7 IME and Consultation, page 127.

Decision rationale: The patient is a 50 year old female with an injury on 04/12/2013. She has lumbar strain and right knee pain. She has been treated with a TENS unit, H-wave, physical therapy, chiropractic therapy, acupuncture and a home exercise program. On 05/08/2015, she had low back pain with spinal/paraspinal muscle tenderness. The patient has muscle tenderness of the paraspinal muscles and there is no documentation that she is a candidate for lumbar surgery. The requested follow up evaluation with an orthopedist for the lumbar spine is not medically necessary.