MAXIMUS Federal Services

Case Number:	CM15-0115120		
Date Assigned:	06/23/2015	Date of Injury:	09/19/2008
Decision Date:	07/22/2015	UR Denial Date:	06/06/2015
Priority:	Standard	Application Received:	06/15/2015

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, Indiana, New York
Certification(s)/Specialty: Internal Medicine

CLINICAL CASE SUMMARY

The expert reviewer developed the following clinical case summary based on a review of the case file, including all medical records:

This is a 42 year old female with a September 19, 2008 date of injury. A progress note dated May 26, 2015 documents subjective complaints (mid to low back pain that intermittently radiates up the back and down the right leg to the knee; tingling in the lower back area), objective findings (some tenderness to palpation in the midline of the back; some mild spasm), and current diagnoses (lower back pain with some mild lumbar degenerative changes). Treatments to date have included physical therapy, which gave minimal relief, acupuncture with some relief, medications, and a magnetic resonance imaging of the lumbar spine on March 23, 2015 that showed some mild degenerative changes at L1-L2 with a small disc bulge.The treating physician documented a plan of care that included physical therapy and acupuncture.

IMR ISSUES, DECISIONS AND RATIONALES

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

Physical therapy 2 times a week for 4 weeks: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Physical medicine Page(s): 98-99. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain section, Physical therapy.

Decision rationale: Pursuant to the Chronic Pain Medical Treatment Guidelines and the Official Disability Guidelines, physical therapy two times per week times four weeks is not medically necessary. Patients should be formally assessed after a six visit clinical trial to see if the patient is moving in a positive direction, no direction or negative direction (prior to continuing with physical therapy). When treatment duration and/or number of visits exceeds the guideline, exceptional factors should be noted. In this case, the injured worker's working diagnosis is low back pain with some mild lumbar degenerative changes. The date of injury is September 19, 2008. Request for authorization is dated June 4, 2015. A progress note dated May 26, 2015, a new orthopedic initial evaluation, subjectively states the injured worker has mid to low back pain that radiates to the right leg. The injured worker received prior physical therapy with minimal relief. The injured worker received prior acupuncture with "some relief". Documentation from a January 2013 progress note (from a different provider) states acupuncture was reordered six visits. The documentation also indicates the injured worker was declining additional physical therapy at that time. There are no compelling clinical facts in the medical record indicating additional physical therapy is clinically warranted. The total number of prior physical therapy sessions to date are not documented. There is no documentation demonstrating objective functional improvement prior physical therapy. Consequently, absent clinical documentation with compelling clinical facts indicating additional physical therapy is warranted, prior physical therapy number of sessions to date, documentation demonstrating objective functional improvement with prior physical therapy, physical therapy two times per week times four weeks is not medically necessary.

Acupuncture 2 times a week for 4 weeks: Upheld

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

MAXIMUS guideline: Decision based on MTUS Acupuncture Treatment Guidelines. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain section, Acupuncture therapy.

Decision rationale: Pursuant to the Acupuncture Medical Treatment Guidelines and the Official Disability Guidelines, acupuncture two times per week times four weeks is not medically necessary. Acupuncture is not recommended for acute low back pain. Acupuncture is recommended as an option for chronic low back pain using a short course of treatment in conjunction with other interventions. The Official Disability Guidelines provide for an initial trial of 3-4 visits over two weeks. With evidence of objective functional improvement, a total of up to 8 to 12 visits over 4 to 6 weeks may be indicated. The evidence is inconclusive for repeating this procedure beyond an initial short period. In this case, the injured worker's working diagnosis is low back pain with some mild lumbar degenerative changes. The date of injury is September 19, 2008. Request for authorization is dated June 4, 2015. A progress note dated May 26, 2015, a new orthopedic initial evaluation, subjectively states the injured worker has mid to

low back pain that radiates to the right leg. The injured worker received prior physical therapy with minimal relief. The injured worker received prior acupuncture with "some relief". Documentation from a January 2013 progress note (from a different provider) states acupuncture was reordered six visits. The documentation also indicates the injured worker was declining additional physical therapy at that time. There are no compelling clinical facts in the medical record indicating additional acupuncture treatment is clinically indicated. There are no prior acupuncture treatment records in the medical record. There is no documentation demonstrating objective(s) improvement. Consequently, absent clinical documentation demonstrating objective functional improvement, prior acupuncture treatment sessions, total number of acupuncture sessions requested and authorized and compelling clinical facts indicating additional acupuncture is warranted, acupuncture two times per week times four weeks not medically necessary.