

Case Number:	CM15-0117603		
Date Assigned:	07/08/2015	Date of Injury:	08/08/2014
Decision Date:	08/04/2015	UR Denial Date:	06/02/2015
Priority:	Standard	Application Received:	06/18/2015

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: Massachusetts

Certification(s)/Specialty: Physical Medicine & Rehabilitation, 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 50 year old male, who sustained an industrial injury on August 8, 2014. The injured worker was diagnosed as having myofascial pain syndrome and lumbar disc displacement, sprain/strain and radiculopathy. Treatment to date has included physical therapy, acupuncture and medication. A progress note dated May 20, 2015 provides the injured worker complains of back pain. He reports acupuncture and physical therapy have helped him. He has returned to work. Physical exam notes left leg trigger points and decreased lumbar range of motion (ROM). The plan includes medication, acupuncture, physical therapy and back brace.

IMR ISSUES, DECISIONS AND RATIONALES

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

Physical therapy qty: 6: 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): Work Loss Data Institute, ODG Treatment in Workers Compensation, 5th Edition, 2007 or current year. Low Back - Lumbar & Thoracic (Acute & Chronic).

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Low Back - Lumbar & Thoracic (Acute & Chronic), physical therapy.

Decision rationale: The claimant sustained a work injury in August 2014 and continues to be treated for back pain. When seen, he was participating in physical therapy and receiving acupuncture treatments with reported benefit. Physical examination findings included decreased lumbar spine range of motion with trigger points and a positive left straight leg raising. Medications were refilled. Additional therapy and acupuncture were requested as well as a back brace. When requested, the claimant had already attended 13 physical therapy treatments and six acupuncture treatments. He had been able to return to work. Guidelines recommend up to 10 physical therapy sessions over 8 weeks for the treatment of this condition. In this case, the claimant has already had in excess of the guidelines recommendation. The number of additional visits requested is in excess of that recommended or what might be needed to finalize the claimant's home exercise program. The request is not medically necessary.

Acupuncture (electro-acu, infrared, myofasial release) qty: 12: Overturned

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

MAXIMUS guideline: Decision based on MTUS Acupuncture Treatment Guidelines.

Decision rationale: The claimant sustained a work injury in August 2014 and continues to be treated for back pain. When seen, he was participating in physical therapy and receiving acupuncture treatments with reported benefit. Physical examination findings included decreased lumbar spine range of motion with trigger points and a positive left straight leg raising. Medications were refilled. Additional therapy and acupuncture were requested as well as a back brace. When requested, the claimant had already attended 13 physical therapy treatments and six acupuncture treatments. He had been able to return to work. The role of acupuncture is addressed in the treatment of chronic pain with a time to produce functional improvement of 3 to 6 treatments. Acupuncture treatments may be extended if functional improvement is documented, meaning either a clinically significant improvement in activities of daily living or a reduction in work restrictions. Guidelines recommend a frequency from 1 to 3 times per week with optimum duration of 1 to 2 months. In this case, after completion of 6 treatments the claimant was able to return to work. The number of additional treatments being requested is within the guideline recommendation and an adjunctive home exercise program would be expected. Therefore, extension of electro acupuncture treatments was medically necessary.

Back brace: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation ODG, Low Back - Lumbar & Thoracic (Acute & Chronic) (updated 03/21/14).

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation American College of Occupational and Environmental Medicine (ACOEM), 2nd Edition, (2004) Chapter 12: Low Back Disorders, p138-139.

Decision rationale: The claimant sustained a work injury in August 2014 and continues to be treated for back pain. When seen, he was participating in physical therapy and receiving acupuncture treatments with reported benefit. Physical examination findings included decreased lumbar spine range of motion with trigger points and a positive left straight leg raising. Medications were refilled. Additional therapy and acupuncture were requested as well as a back brace. When requested, the claimant had already attended 13 physical therapy treatments and six acupuncture treatments. He had been able to return to work. Guidelines recommend against the use of a lumbar support other than for specific treatment of spondylolisthesis, documented instability, or post-operative treatment. In this case, there is no spinal instability or other condition that would suggest the need for a lumbar orthosis and the claimant has not undergone surgery. Lumbar supports have not been shown to have lasting benefit beyond the acute phase of symptom relief and prolonged use of a support may discourage recommended exercise and activity with possible weakening of the spinal muscles and a potential worsening of the spinal condition. The requested lumbar support was not medically necessary.