

Case Number:	CM15-0122449		
Date Assigned:	07/06/2015	Date of Injury:	12/15/2014
Decision Date:	07/31/2015	UR Denial Date:	06/15/2015
Priority:	Standard	Application Received:	06/25/2015

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 33-year-old female, who sustained an industrial injury on December 15, 2014. The injured worker reported back pain radiating down her legs with numbness and tingling. The injured worker was diagnosed as having sciatica and lumbago. A progress note dated June 10, 2015 provides the injured worker complains of back pain with occasional numbness in the feet. She reports walking helps. The record indicates there has been no treatment to date. Physical exam notes minimal distress, a normal gait and unremarkable findings. The plan includes non-steroidal anti-inflammatory drug (NSAID), follow-up, acupuncture and physical therapy.

IMR ISSUES, DECISIONS AND RATIONALES

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

Acupuncture once a week for eight 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 claimant sustained a work-related injury in December 2014 and is being treated for radiating low back pain. When seen, she was less than 6 months status post injury. She had not had prior therapy, chiropractic care, or acupuncture. There was midline lumbar tenderness with a normal neurological examination. There was moderate L5-S1 spondylosis by x-ray. Guidelines recommend acupuncture as an option as an adjunct to physical rehabilitation with up to 6 treatments 1 to 3 times per week with extension of treatment if functional improvement is documented. In this case, the number of treatments is in excess of guideline recommendations. The request for acupuncture treatments is not medically necessary.

Physical therapy two times a week for six weeks for the lumbar spine: Upheld

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

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-related injury in December 2014 and is being treated for radiating low back pain. When seen, she was less than 6 months status post injury. She had not had prior therapy, chiropractic care, or acupuncture. There was midline lumbar tenderness with a normal neurological examination. There was moderate L5-S1 spondylosis by x-ray. Guidelines recommend up to 10 visits over 8 weeks for treatment of a lumbar sprain/strain. In this case, the number of visits requested is in excess of that recommended. The claimant has minimal findings by physical examination with no range of motion or neurological deficit. The request is not medically necessary.