

Case Number:	CM15-0173299		
Date Assigned:	09/24/2015	Date of Injury:	03/25/1999
Decision Date:	10/30/2015	UR Denial Date:	08/11/2015
Priority:	Standard	Application Received:	09/02/2015

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
 Certification(s)/Specialty: Emergency 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:

The injured worker is a 74 year old female with a date of injury on 03-25-1999. The injured worker is undergoing treatment for multilevel degeneration of lumbar discs, lumbar radiculopathy and status post left total hip replacement. She dislocated her left hip in August of 2013 from a fall and had a closed reduction. She has additional diagnoses of chronic obstructive pulmonary disease, and acid reflux. A physician progress note dated 07-27-2015 documents the injured worker complains of constant lower back pain the travels to the lower extremities with numbness, tingling and weakness. She has pain in her left hip that causes her to limp. Lumbar range of motion is restricted and paravertebral muscle spam is present. She has tenderness of the bilateral sacroiliac joints and buttocks. Paresthesia is noted in the distribution area of the bilateral L4-L5-S1 regions. She has tenderness in the direction of the sciatic nerve down to the calf. Deep tendon reflexes are absent and symmetrical in both knees and ankles. Treatment to date has included diagnostic studies, medications, epidural injections, status post left sided L4-5 discectomy and a left total hip replacement. The Request for Authorization on 08-16-2015 includes acupuncture 2 x a week for 6 weeks, physical therapy 2 times a week for 6 weeks, and a pain management consultation. She is not working. Current medications include Reclast once a year, Combivent inhaler, Asmanex inhaler, Lexapro, Omeprazole, Diclofenac and Voltaren Gel. On 08-11-2015 the Utilization Review non-certified the request for acupuncture twice a week for 6 weeks, Pain Management Consult and physical therapy twice a week for 6 weeks.

IMR ISSUES, DECISIONS AND RATIONALES

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

Acupuncture twice a week for 6 weeks: Upheld

Claims Administrator guideline: Decision based on MTUS Acupuncture Treatment 2007.

MAXIMUS guideline: Decision based on MTUS Acupuncture Treatment 2007.

Decision rationale: As per acupuncture guidelines, a trial of acupuncture may be considered for painful conditions. Patient's pain is chronic and has had extensive workup and treatment. It is unclear from documentation if patient has ever had acupuncture or what response patient has had to it in the past. The number of sessions requested far exceed initial trial number recommended by guideline and are not medically necessary.

Physical therapy twice a week for 6 weeks: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Physical Medicine.

Decision rationale: As per MTUS Chronic pain guidelines physical therapy is recommended for many situations with evidence showing improvement in function and pain. Patient's pain is chronic and it is highly doubtful that patient has never had PT in the past. There is documentation of any objective improvement from prior sessions, how many physical therapy sessions were completed or appropriate rationale as to why additional PT sessions are necessary. There is no documentation if patient is performing home-directed therapy with skills taught during PT sessions. There is no documentation as to why home directed therapy and exercise is not sufficient. Documentation fails to support additional PT sessions. Request alone exceed maximum recommended by guideline. 12 physical therapy sessions are not medically necessary.

Pain Management Consult: Upheld

Claims Administrator guideline: Decision based on MTUS General Approaches 2004, Section(s): Cornerstones of Disability Prevention and Management.

MAXIMUS guideline: Decision based on MTUS General Approaches 2004, Section(s): Prevention, Initial Approaches to Treatment.

Decision rationale: As per ACOEM and MTUS guidelines, referrals may be appropriate if the caretaker is not able to manage patient's pain and function beyond their capability and after failure of conservative management. There is no appropriate rationale for chronic pain management. Patient is not on opioids or complicated pain medication that cannot be managed by any primary provider. There is no requested procedures that requires a pain specialist. Provider has failed to document rationale for pain specialist therefore making it not medically necessary.