

Case Number:	CM15-0175063		
Date Assigned:	09/16/2015	Date of Injury:	01/15/2014
Decision Date:	10/19/2015	UR Denial Date:	08/05/2015
Priority:	Standard	Application Received:	09/04/2015

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 38 year old male, who sustained an industrial injury on January 15, 2014. He reported low back pain. The injured worker was diagnosed as having gait abnormality, lumbar disc protrusion, lumbar myospasm, thoracic and lumbosacral radiculopathy and lumbar sprain and strain. Treatment to date has included physical therapy, acupuncture, diagnostic studies, medications and work restrictions. Currently, the injured worker continues to report constant, severe sharp, stabbing, throbbing low back pain with cramping and muscle spasms aggravated by repetitive movement, repetitive walking, repetitive driving, climbing stairs and bending. The injured worker reported an industrial injury in 2014, resulting in the above noted pain. He was without complete resolution of the pain. Evaluation on June 2, 2015, revealed continued pain rated at 8 on a 1-10 scale with 10 being the worst. Evaluation on July 1, 2015, revealed continued pain as noted. He rated his pain at 6 on a 1-10 scale with 10 being the worst. The lumbar range of motion was decreased with flexion at 40 out of 60, extension 5 out of 25, left lateral bending 5 out of 25 and right lateral bending at 10 out of 25. Evaluation on July 14, 2015, revealed continued pain as noted. It was noted his gait was slow and guarded favoring the left lower extremity. The lumbar range of motion was decreased with flexion at 20 out of 60, extension 5 out of 25, left lateral bending 15 out of 25 and right lateral bending at 15 out of 25. There was noted tenderness to palpation and spasm of the lumbar paravertebral muscles. Straight leg raise test was noted as positive on the right and Kemp's test was noted to cause pain. He reported relief with physical therapy, medications and acupuncture. The RFA included requests for eight acupuncture sessions and eight physical therapy sessions and was non-certified on the utilization review (UR) on August 5, 2015.

IMR ISSUES, DECISIONS AND RATIONALES

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

Eight physical therapy sessions: Upheld

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

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation (1) Chronic pain, Physical medicine treatment. (2) Preface, Physical Therapy Guidelines.

Decision rationale: The claimant sustained a work injury in January 2014 and is being treated for low back pain with cramping and muscle spasms. Recent treatments include physical therapy beginning on 05/07/15 with completion of 15 treatments as of 07/14/15. When seen, there was a slow and guarded gait. There was decreased and painful range of motion with muscle spasms and tenderness. There was decreased right lower extremity strength with positive straight leg raising. Kemp's testing was positive. His BMI was 32.5. Additional physical therapy and acupuncture were requested. In this case, there is no new injury and claimant has recently had physical therapy. Compliance with a home exercise program would be expected and would not require continued skilled physical therapy oversight. A home exercise program could be performed as often as needed/appropriate rather than during scheduled therapy visits. Providing the number of requested additional skilled physical therapy services is in excess of what might be needed to finalize the claimant's home exercise program and would not reflect a fading of skilled treatments. The request is not medically necessary.

Eight acupuncture sessions: Upheld

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

MAXIMUS guideline: Decision based on MTUS Acupuncture Treatment 2007.

Decision rationale: The claimant sustained a work injury in January 2014 and is being treated for low back pain with cramping and muscle spasms. Recent treatments include physical therapy beginning on 05/07/15 with completion of 15 treatments as of 07/14/15. When seen, there was a slow and guarded gait. There was decreased and painful range of motion with muscle spasms and tenderness. There was decreased right lower extremity strength with positive straight leg raising. Kemp's testing was positive. His BMI was 32.5. Additional physical therapy and acupuncture were requested. Guidelines recommend acupuncture as an option when pain medication is reduced or not tolerated or 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 requested treatments is in excess of recommended guidelines and is not medically necessary.

