

Case Number:	CM15-0028102		
Date Assigned:	02/20/2015	Date of Injury:	08/01/2012
Decision Date:	04/01/2015	UR Denial Date:	01/29/2015
Priority:	Standard	Application Received:	02/13/2015

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: Physical Medicine & Rehabilitation

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 40 year old male, who sustained an industrial injury on August 1, 2012. He reported a trip and fall. The diagnoses have included chronic lumbar radicular pain, anxiety and depression. Currently, the injured worker complains of low back pain with radiation of pain which he rated a 9 on a 10-point scale and described as sharp, intermittent and shooting pain down into the legs. The leg pain is associated with numbness and tingling and made worse with bending over. He reported improvement with his medications. On examination, the injured worker had an antalgic gait and decreased lumbar range of motion. He had tenderness to palpation along the lumbar spine with radiation on the bilateral legs. On January 29, 2015 Utilization Review non-certified a request for acupuncture 2-3 times per week for six weeks to the lumbar spine, L4-L5 intralaminar epidural steroid injection, and physical therapy 2-3 times per week for six weeks for the lumbar spine, noting that there is no documentation that pain medication has been reduced or not tolerated to substantiate acupuncture therapy, no documentation of failed previous conservative treatment to substantiate epidural steroid injections. The California Medical Treatment Utilization Schedule was cited. On February 13, 2015, the injured worker submitted an application for IMR for review of acupuncture 2-3 times per week for six weeks to the lumbar spine, L4-L5 intralaminar epidural steroid injection, and physical therapy 2-3 times per week for six weeks for the lumbar spine.

IMR ISSUES, DECISIONS AND RATIONALES

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

Physical Therapy 2-3 x weeks x 6 weeks, lumbar: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Physical Therapy Page(s): 98-99.

Decision rationale: Submitted reports have no acute flare-up or specific physical limitations to support for physical therapy. Physical therapy is considered medically necessary when the services require the judgment, knowledge, and skills of a qualified physical therapist due to the complexity and sophistication of the therapy and the physical condition of the patient. There is unchanged chronic symptom complaints, clinical findings, and work status. There is no evidence documenting functional baseline with clear goals to be reached and the patient striving to reach those goals. It is unclear how many PT sessions the patient has received or what functional outcome was benefited if any. The Chronic Pain Guidelines allow for 9-10 visits of physical therapy with fading of treatment to an independent self-directed home program. It appears the patient has received prior sessions of PT without clear specific functional improvement in ADLs, work status, or decrease in medication and utilization without change in neurological compromise or red-flag findings to support further treatment. The Physical Therapy 2-3 x week x 6 weeks, lumbar is not medically necessary and appropriate.

L4-L5 Intralaminar Epidural Steroid Injection: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 46.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Epidural steroid injections (ESIs) Page(s): 46.

Decision rationale: There were no neurologic deficits documented with objective findings of tenderness and restricted range. MTUS Chronic Pain Medical Treatment Guidelines recommend ESI as an option for treatment of radicular pain (defined as pain in dermatomal distribution with corroborative findings of radiculopathy); However, radiculopathy must be documented on physical examination and corroborated by imaging studies and/or Electrodiagnostic testing, not provided here. In addition, to repeat a LESI in the therapeutic phase, repeat blocks should be based on continued objective documented pain and functional improvement, including at least 50% pain relief with associated reduction of medication use for six to eight weeks. Submitted reports have not demonstrated any failed conservative treatment trial for this chronic injury without flare-up, change in clinical findings or new injuries identified. Criteria for the LESI have not been met or established. The L4-L5 Intralaminar Epidural Steroid Injection is not medically necessary and appropriate.

Acupuncture 2-3 x week x 6 weeks, lumbar spine: Upheld

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

MAXIMUS guideline: Decision based on MTUS Acupuncture Treatment Guidelines.

Decision rationale: It is not clear if the patient has participated in previous acupuncture. Current clinical exam show no specific physical impairments or clear dermatomal/ myotomal neurological deficits to support for treatment with acupuncture to the cervical and thoracic spine. The patient has been certified physical therapy without documented functional improvement. There are no clear specific documented goals or objective measures to identify for improvement with a functional restoration approach for this injury with ongoing unchanged chronic pain complaints. MTUS, Acupuncture Guidelines recommend initial trial of conjunctive acupuncture visit of 3 to 6 treatment with further consideration upon evidence of objective functional improvement. Submitted reports have not demonstrated the medical indication to support this request or specific conjunctive therapy towards a functional restoration approach for acupuncture visits, beyond guidelines criteria for initial trial. The Acupuncture 2-3 x week x 6 weeks, lumbar spine is not medically necessary and appropriate.