

Case Number:	CM15-0068232		
Date Assigned:	04/15/2015	Date of Injury:	05/14/2014
Decision Date:	06/11/2015	UR Denial Date:	03/18/2015
Priority:	Standard	Application Received:	04/10/2015

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: Pennsylvania, Ohio, 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 22 year old male, who sustained an industrial injury on 5/14/14. He reported initial complaints of knee, hip and low back pain. The injured worker was diagnosed as having lumbosacral neuritis/radiculitis; pathological fracture of vertebrae; lumbago. Treatment to date has included physical therapy; acupuncture; medications. Currently, the PR-2 notes dated 10/29/14 indicate the injured worker complains of continuous thoracic and low back pain. The pain varies throughout the day with a level of 7/10. The pain increases with prolonged standing, twisting, walking, lifting, bending, stooping, squatting and lying down on the back. He also reports soreness to the bilateral knees. The injured worker has had no surgical intervention and taking Naproxen for pain PRN. The notes document an MRI of the lumbar spine was reported to show a fracture at L5. There is no report or date of this MRI in the submitted documentation. The Utilization Review denied a request for Physical therapy 2 x 6 to the lumbar spine and acupuncture 2 x 6 to 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 x 6 to the lumbar spine: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Physical Medicine.

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

Decision rationale: MTUS encourages physical therapy with an emphasis on active forms of treatment and patient education. This guideline recommends transition from supervised therapy to active independent home rehabilitation. Given the timeline of this injury and past treatment, the patient would be anticipated to have previously transitioned to such an independent home rehabilitation program. The records do not provide a rationale at this time for additional supervised rather than independent rehabilitation. This request is not medically necessary.

Acupuncture 2 x 6 to 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: MTUS Acupuncture Medical Treatment Guidelines recommend continued acupuncture only if functional improvement is objectively documented consistent with MTUS guidelines. The records in this case do not clearly document such functional improvement from past acupuncture. This request is not medically necessary.