

Case Number:	CM15-0076389		
Date Assigned:	04/28/2015	Date of Injury:	03/06/2014
Decision Date:	05/26/2015	UR Denial Date:	03/23/2015
Priority:	Standard	Application Received:	04/21/2015

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:

This 37 year old male sustained an industrial injury to the low back on 3/6/14. Previous treatment included magnetic resonance imaging, physical therapy and medications. In an initial evaluation dated 3/13/15, the injured worker complained of moderate to mild mid lumbar spine pain. Physical exam was remarkable for flattening of the thoracic kyphosis, pain at the upper part of the lumbar spine with restricted range of motion, intact sensory and motor exam and negative straight leg raise test. Current diagnoses included history of disc herniation and rule out facet syndrome. The treatment plan included additional 12 sessions of physical therapy, twelve sessions of acupuncture and medications (Neurontin and Naproxen Sodium).

IMR ISSUES, DECISIONS AND RATIONALES

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

Physical therapy x 12: Upheld

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

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 300. Decision based on Non-MTUS Citation Official Disability Guidelines, Low Back Complaints, Physical Therapy.

Decision rationale: The requested Physical therapy x 12 is not medically necessary. CA MTUS, ACOEM 2nd Edition, 2004, Chapter 12, Low Back Complaints, Page 300 and Official Disability Guidelines, Low Back Complaints, Physical Therapy, recommend continued physical therapy with documented derived functional benefit. The injured worker has moderate to mild mid lumbar spine pain. Physical exam was remarkable for flattening of the thoracic kyphosis, pain at the upper part of the lumbar spine with restricted range of motion, intact sensory and motor exam and negative straight leg raise test. The treating physician has not documented sufficient objective evidence of derived functional benefit from completed physical therapy sessions. The criteria noted above not having been met, Physical therapy x 12 is not medically necessary.

Acupuncture x 12: Upheld

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

MAXIMUS guideline: Decision based on MTUS Acupuncture Treatment Guidelines.

Decision rationale: The requested Acupuncture x 12 is not medically necessary. CA MTUS Acupuncture Guidelines recommend note that in general acupuncture "may be used as an adjunct to physical rehabilitation." The injured worker has moderate to mild mid lumbar spine pain. Physical exam was remarkable for flattening of the thoracic kyphosis, pain at the upper part of the lumbar spine with restricted range of motion, intact sensory and motor exam and negative straight leg raise test. The treating physician has not documented the medical necessity for acupuncture sessions in excess of a trial of 4-6 sessions and re-evaluation. The criteria noted above not having been met, Acupuncture x 12 is not medically necessary.

Gabapentin 600mg #60: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Anti-epilepsy drugs Page(s): 16-22.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Anti-Epilepsy drugs Page(s): 16-18.

Decision rationale: The requested Gabapentin 600mg #60 is not medically necessary. Chronic Pain Medical Treatment Guidelines, Anti-Epilepsy drugs, Pages 16-18, note that anti-epilepsy drugs are "Recommended for neuropathic pain due to nerve damage," and "Outcome: A 'good' response to the use of AEDs has been defined as a 50% reduction in pain and a 'moderate' response as a 30% reduction." The injured worker has moderate to mild mid lumbar spine pain. Physical exam was remarkable for flattening of the thoracic kyphosis, pain at the upper part of the lumbar spine with restricted range of motion, intact sensory and motor exam and negative straight leg raise test. The treating physician has not documented the guideline-mandated

criteria of percentages of relief to establish the medical necessity for its continued use. The criteria noted above not having been met, Gabapentin 600mg #60 is not medically necessary.