

Case Number:	CM15-0099700		
Date Assigned:	06/02/2015	Date of Injury:	04/02/2013
Decision Date:	06/30/2015	UR Denial Date:	05/05/2015
Priority:	Standard	Application Received:	05/22/2015

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 56-year-old female, who sustained an industrial injury on 4/2/13. She reported a low back injury. The injured worker was diagnosed as having lumbar radiculopathy, chronic low back pain, myofascial pain syndrome and low back pain. Treatment to date has included acupuncture, oral pain medications, activity restrictions and physical therapy. Currently, the injured worker complains of lower back pain with increasing intensity and frequency since previous visit. Physical exam noted decreased range of motion of lumbar spine with tenderness to palpation in left paraspinal region extending to left buttock and thigh; sensation is decreased to light touch over the L4-5 dermatome of bilateral legs. A request for authorization was submitted for 6 additional sessions of acupuncture and an integrated chronic pain management program. The treatment plan also included continuation of oral medications (zanaflex and naproxen).

IMR ISSUES, DECISIONS AND RATIONALES

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

Additional Acupuncture, Lumbar spine, Qty 6: Upheld

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

MAXIMUS guideline: Decision based on MTUS Acupuncture Treatment Guidelines.

Decision rationale: The requested Additional Acupuncture, Lumbar spine, Qty 6, 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 lower back pain with increasing intensity and frequency since previous visit. Physical exam noted decreased range of motion of lumbar spine with tenderness to palpation in left paraspinal region extending to left buttock and thigh; sensation is decreased to light touch over the L4-5 dermatome of bilateral legs. The treating physician has not documented objective evidence of derived functional benefit from completed acupuncture sessions, such as improvements in activities of daily living, reduced work restrictions, or decreased reliance on medical intervention. The criteria noted above not having been met, Additional Acupuncture, Lumbar spine, Qty 6 is not medically necessary.

Group Therapy, Qty 12 sessions: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines: Mental Illness & Stress - Group therapy.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines 101, 102; Psych treatment Page(s): 101-102. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Pain Chapter, Psychotherapy Guidelines.

Decision rationale: The requested Group Therapy, Qty 12 sessions, is not medically necessary. Chronic Pain Medical Treatment Guidelines, Psychological Treatment, Pages 101-102 recommend psych treatment for specifically identified chronic pain patients, and Official Disability Guidelines (ODG), Pain Chapter; Psychotherapy Guidelines recommend continued psychotherapy beyond a six-visit trial with documented derived functional improvement. The injured worker has lower back pain with increasing intensity and frequency since previous visit. Physical exam noted decreased range of motion of lumbar spine with tenderness to palpation in left paraspinal region extending to left buttock and thigh; sensation is decreased to light touch over the L4-5 dermatome of bilateral legs. The treating physician has not documented the medical necessity for therapy sessions beyond a trial of 6 sessions and then re-evaluation. The criteria noted above not having been met, Group Therapy, Qty 12 sessions is not medically necessary.