

Case Number:	CM14-0154256		
Date Assigned:	09/23/2014	Date of Injury:	02/20/2009
Decision Date:	11/04/2014	UR Denial Date:	08/26/2014
Priority:	Standard	Application Received:	09/22/2014

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. The expert reviewer is Board Certified in Physical Medicine and Rehabilitation and is licensed to practice in Ohio and Texas. 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/services. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

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 48-year-old male who reported an injury on 2/20/2009. The mechanism of injury was not submitted for clinical review. The diagnoses included low back pain, lumbar spine disc displacement, lumbar spine degenerative disc disease, lumbar radiculopathy. The previous treatments included medication, physical therapy, acupuncture, shockwave therapy. Within the clinical note, dated 06/24/2014, it was reported the injured worker complained of burning, radicular low back pain. He rated his pain 9/10 in severity. Upon the physical examination, the provider noted the injured worker had pain with toe walking. There was tenderness to palpation at the bilateral lumbar paraspinal muscles and spinous process at L1-5. The injured worker had a positive straight leg raise at 40 degrees. There was decreased range of motion noted. Sensation was decreased in the L4-S1. The provider requested physical therapy, acupuncture, nerve conduction study, orthopedic surgeon consultation, urology consultation. However, a rationale was not submitted for clinical review. The Request for Authorization was not submitted for clinical review.

IMR ISSUES, DECISIONS AND RATIONALES

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

18 Physical Therapy Sessions: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines physical medicine guidelines.

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

Decision rationale: The request for 18 sessions of physical therapy is not medically necessary. The California MTUS Guidelines state that active therapy is based on the philosophy that therapeutic exercise and/or activity are beneficial for restoring flexibility, strength, endurance, function, range of motion. The guidelines allow for fading of treatment frequency plus active self-directed home physical medicine. The guidelines note for neuralgia, myalgia, 8 to 10 visits of physical therapy are recommended. There is lack of documentation indicating the injured worker's prior course of physical therapy as well as the efficacy of the prior therapy. The number of sessions the injured worker has undergone was not submitted for clinical review. Additionally, the request submitted failed to provide a treatment site for the physical therapy. Therefore, the request is not medically necessary.

8 Acupuncture Sessions: Upheld

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

MAXIMUS guideline: Decision based on MTUS Acupuncture Treatment Guidelines.

Decision rationale: The request for 8 sessions of acupuncture is not medically necessary. The Acupuncture Medical Treatment Guidelines state acupuncture is used as an option when pain medication is reduced or not tolerated. It may be used as an adjunct to physical rehabilitation and/or surgical intervention to hasten recovery. Acupuncture can be used to reduce pain, reduce inflammation, increase blood flow, increase range of motion, decrease side effects of medication induced nausea, promote relaxation in anxious patients, and reduce muscle spasms. The time to produce effect includes 3 to 6 treatments with a frequency of 1 to 3 times per week. An optimum duration includes 1 to 2 months. Acupuncture treatments may be extended if functional improvement is documented. The number of sessions in the request exceeds the guidelines recommendations. There is lack of documentation indicating the efficacy of the previous acupuncture therapies. Additionally, the time to produce effect exceeds the guidelines recommendations. Therefore, the request is not medically necessary.

1 NCV (Nerve Conducting Velocity) bilateral lower extremities: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Low back

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Nerve Conduction, Low Back

Decision rationale: The request for 1 NCV (Nerve Conducting Velocity) bilateral lower extremities is not medically necessary. The Official Disability Guidelines do not recommend

nerve conduction studies, as there is minimal justification for performing nerve conduction when the patient is presumed to have symptoms on the basis of radiculopathy. There is a lack of significant neurological deficits, such as decreased sensation or motor strength in a specific dermatomal or myotomal distribution. There is lack of documentation indicating the efficacy of the injured worker's prior course of conservative care. Therefore, the request is not medically necessary.

1 Orthopedic surgeon consultation: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 288-305.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation ACOEM Practice Guidelines, updated guidelines, Chapter 6, page 163

Decision rationale: The request for 1 orthopedic surgeon consultation is not medically necessary. The California MTUS/ACOEM Guidelines state that a consultation is intended to aid in the assessing of a diagnosis, prognosis, therapeutic management, determination of medical stability, permanent residual loss, and/or examining fitness to return to work. The clinical documentation submitted did not have a rationale to support the consultation. Additionally, the injured worker has returned to work. There is lack of documentation indicating the provider intended the injured worker to undergo surgery. Therefore, the request is not medically necessary.

1 Urology Consultation: Upheld

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

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation ACOEM Practice Guidelines, updated guidelines, Chapter 6, page 163

Decision rationale: The request for 1 Urology Consultation is not medically necessary. The California MTUS/ACOEM Guidelines state that a consultation is intended to aid in the assessing of a diagnosis, prognosis, therapeutic management, determination of medical stability, permanent residual loss, and/or examining fitness to return to work. There is no clear rationale to support the request of a consultation for urology. There is lack of documentation indicating the intent for the consultation. Therefore, the request is not medically necessary.