

Case Number:	CM13-0048519		
Date Assigned:	04/25/2014	Date of Injury:	06/24/2003
Decision Date:	07/07/2014	UR Denial Date:	10/07/2013
Priority:	Standard	Application Received:	11/06/2013

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 Interventional Spine. 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:

This patient is a 49-year-old female with date of injury of 06/24/2003. The listed diagnoses per [REDACTED] dated 09/10/2013 are: Cervical disk syndrome, Bilateral wrist carpal tunnel syndrome, Lumbar spine herniated nucleus pulposus. According to the report, the patient presents with neck pain rated at 9/10. She also complains of wrist pain with associated weakness and numbness of the bilateral hands and low back pain. She rates her wrist pain a 7/10 and back pain 9/10 in the numerical scale. She states that her low back pain radiates to the bilateral hips, right thigh, right knee, and right foot with numbness and weakness of the bilateral legs. The patient also complains of blurry vision and right shoulder pain. The physical exam shows range of motion of the lumbar spine is limited by pain. There is tenderness and spasm to the lumbar paraspinal musculature bilaterally. Lower extremity motor strength is -5/5 on both the left and the right. The utilization review denied the request on 10/07/2013.

IMR ISSUES, DECISIONS AND RATIONALES

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

FUNCTIONAL CAPACITY EVALUATION: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation ACOEM, chapter 7, (Independent Medical Examinations and Consultations).

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Functional Capacity Evaluation Page(s): 137,139.

Decision rationale: This patient presents with chronic neck, upper extremity, and lower extremity pain. The treating physician is requesting functional capacity evaluation prior to change of status to permanent and stationary. The MTUS Guidelines do not discuss functional capacity evaluations, but the ACOEM Guidelines page 137 to 139 on functional capacity evaluation states, "There is little scientific evidence confirming that FCE an individual's actual capacity to perform in the workplace; and FCE reflects what an individual can do on a single day, at a particular time, under controlled circumstances, that provide an indication of that individual's abilities. As with any behavior, an individual's performance on FCE is probably influenced by multiple non-medical factors other than physical impairments. For these reasons, it is problematic to rely solely upon the FCE results for determination of current work capacity and restrictions." The report dated 09/10/2013 documents, "The patient is placed under the functional capacity evaluation that (then) will be placed on a permanent and stationary status." In this case, ACOEM does not support routine FCE, except for special circumstances. Given the above the request is not medically necessary.

RELAFEN 750 MG (#90): Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Non-steroidal anti-inflammatory drug (NSAID).

Decision rationale: This patient presents with chronic neck, upper extremity, and lower extremity pain. The treating physician is requesting Relafen 750 mg,(NSAID) non-steroidal anti-inflammatory drugs. The Chronic Pain Medical Treatment Guidelines, page 60 to 61 on medication for chronic pain states, "Relief of pain with the use of medications is generally temporary, and measures of the lasting benefit from this modality should include evaluating the effect of pain relief in relationship to improvements in function and increased activity." Furthermore, MTUS page 68 on NSAIDs for chronic low back pain states, "recommended as an option for short term symptomatic relief. Cochrane review of the literature on drug relief for low back pain (LBP) suggested that NSAIDs are no more effective than other drugs such as acetaminophen, narcotic analgesics, and muscle relaxants." The progress report dated 09/10/2013 documents that the patient is currently allergic to Relafen and Oxycodone. In this case, given the documented allergy to Relafen, the request is not medically necessary.

TRANSPORTATION TO AND FROM ALL DOCTOR'S APPOINTMENTS AND PHYSIOTHERAPY APPOINTMENTS: 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 the Citation: Other Medical Treatment Guideline or Medical Evidence: AETNA guidelines on transportation: The cost of transportation primarily for, and essential to, medical care is an eligible medical expense.

Decision rationale: This patient presents with chronic neck, upper extremity, and lower extremity pain. The treating physician is requesting transportation to and from all doctors appointments and physiotherapy appointments. The MTUS, ACOEM and ODG guidelines do not discuss transportation. The AETNA guidelines do support transportation services if it is essential to medical care. Evidence of medical necessity that specifically identifies the medical condition needs to be provided. In this case, the treating physician does not provide such information other than simply recommending transportation to and from doctor's and therapist appointments. The medical necessity of transportation services was not established as the treating physician does not discuss if patient lives alone or why patient would not be able to arrange her own transportation, use public transportation, etc. Given the above the request is not medically necessary.

ACUPUNCTURE, SIX (6) SESSIONS: Overturned

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

MAXIMUS guideline: Decision based on MTUS Acupuncture Treatment Guidelines.

Decision rationale: This patient presents with chronic neck, upper extremity, and lower extremity pain. The treating physician is requesting 6 acupuncture sessions. The Acupuncture Medical Treatment Guidelines for acupuncture states that it is used as an option when pain medication is reduced and/or not tolerated, it may be used as an adjunct to physical rehabilitation and/or surgical intervention to hasten functional recovery. In addition, a trial of 3 to 6 treatments is recommended. Furthermore, treatments may be extended if functional improvement is documented. The review of records show that the patient last utilized acupuncture in 2009 with significant relief. The current request for 6 sessions of acupuncture to address the patient's current pain appear reasonable and consistent with MTUS that allows for the use of acupuncture for management of chronic pain. It's been 5 years since last treatment and 6 sessions of acupuncture request appear quite reasonable. Given the above the request is medically necessary.

INTERNIST CONSULTATION (1 TIME): Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 9 Shoulder Complaints Page(s): 196.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints Page(s): 127.

Decision rationale: This patient presents with chronic neck, upper extremity, and lower extremity pain. The treating physician is requesting an internist consultation. The ACOEM Guidelines page 127 states that health practitioners may refer to other specialists if a diagnosis is uncertain or extremely complex, when psychosocial factors are present or when pain or course of care may benefit from additional expertise. The treating physician would like a pain management specialist, rheumatologist, and internist examine the patient for further evaluation. However, the treating physician does not explain why an internal medicine evaluation is needed.

and for what purpose. This patient suffers from chronic pain, and does not require internal medicine services. Given the above the request is not medically necessary.