

Case Number:	CM14-0000973		
Date Assigned:	01/22/2014	Date of Injury:	01/17/2013
Decision Date:	03/25/2014	UR Denial Date:	12/16/2013
Priority:	Standard	Application Received:	01/02/2014

HOW THE IMR FINAL DETERMINATION WAS MADE

MAXIMUS Federal Services sent the complete case file to a physician reviewer. He/she has no affiliation with the employer, employee, providers or the claims administrator. The physician reviewer is Board Certified in Emergency Medicine and is licensed to practice in New York and Tennessee. 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 physician 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 patient is a 38-year-old female who was injured on January 17, 2013. The patient continues to experience neck pain with radiation into the right upper extremity, low back pain, and dull, sharp bilateral wrist pain. A physical examination showed paravertebral tenderness and spasm in the cervical and lumbar spine. Diagnoses included cervical disc protrusion, cervical strain/sprain, lumbar disc displacement, and lumbar strain/sprain. The requests for authorization are for chiropractic therapy twice weekly for six (6) weeks, acupuncture twice weekly for six (6) weeks, functional capacity evaluation, and extracorporeal shock wave treatment to the right wrist were submitted on December 3, 2013.

IMR ISSUES, DECISIONS AND RATIONALES

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

Extracorporeal Shock Wave Treatment (ESWT) to the right wrist: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Blue Cross Blue Shield of Alabama, Extracorporeal Shock Wave Treatment for Plantar Fasciitis and other Musculoskeletal Conditions, and the ODG-TWC Elbow Procedure Summary last updated 05/07/2013

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Low back - Thoracic and Lumbar, shock wave therapy; Ankle and Foot, ESWT

Decision rationale: The Official Disability Guidelines indicate that shock wave therapy is recommended for chronic plantar fasciitis. There are no recommendations for wrist treatment with extracorporeal shock wave treatment (ESWT). The lack of information does not allow determination for medical necessity and safety.

Functional capacity evaluation: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 2 General Approach to Initial Assessment and Documentation. Decision based on Non-MTUS Citation ODG-TWC Fitness for Duty Procedure Summary, last updated 05/12/2010 Guidelines

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Fitness for Duty, Functional Capacity Evaluations

Decision rationale: The Official Disability Guidelines indicate that both job-specific and comprehensive Functional Capacity Evaluations (FCEs) can be valuable tools in clinical decision-making for the injured worker; however, FCE is an extremely complex and multifaceted process. Little is known about the reliability and validity of these tests and more research is needed. A functional capacity evaluation should be considered if: 1. Case management is hampered by complex issues such as: - Prior unsuccessful return to work attempts; - Conflicting medical reporting on precautions and/or fitness for modified job; - Injuries that require detailed exploration of a worker's abilities. 2. Timing is appropriate: - Close or at maximal medical improvement/all key medical reports secured; - Additional/secondary conditions clarified. In this case, there is no documentation that any of these conditions are present. There is no medical necessity for the functional capacity evaluation.

Acupuncture two (2) times a week for six (6) weeks 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 based on Non-MTUS Citation Official Disability Guidelines (ODG)

Decision rationale: The Acupuncture Medical Treatment Guidelines indicate that acupuncture is used as an option when pain medication is reduced or not tolerated, or as an adjunct to physical rehabilitation. It is the insertion and removal of filiform needles to stimulate acupoints (acupuncture points). Needles may be inserted, manipulated, and retained for a period of time. Acupuncture can be used to reduce pain, reduce inflammation, increase blood flow, increase range of motion, decrease the side effect of medication-induced nausea, promote relaxation in an anxious patient, and reduce muscle spasm. Acupuncture with electrical stimulation is the use of electrical current on the needles at the acupuncture site. It is used to increase effectiveness of the needles by continuous stimulation of the acupoint. Physiological effects (depending on location and settings) can include endorphin release for pain relief, reduction of inflammation, increased

blood circulation, analgesia through interruption of pain stimulus, and muscle relaxation. It is indicated to treat chronic pain conditions, radiating pain along a nerve pathway, muscle spasm, inflammation, scar tissue pain, and pain located in multiple sites. Specific indications for treatment of pain include treatment of joint pain, joint stiffness, soft tissue pain and inflammation, paresthesias, post-surgical pain relief, muscle spasm and scar tissue pain. The Official Disability Guidelines indicate that acupuncture is not recommended for acute back pain, but is recommended as an option for chronic low back pain in conjunction with other active interventions. Acupuncture is recommended when use as an adjunct to active rehabilitation. Frequency and duration of acupuncture or acupuncture with electrical stimulation may be performed as follows: 1) Time to produce functional improvement: 3 to 6 treatments. 2) Frequency: 1 to 3 times per week. 3) Optimum duration: 1 to 2 months. Acupuncture treatments may be extended if functional improvement is documented. The recommendation is for continuing the treatment if functional improvement occurs after three to six (3-6) treatments. In this case the request is for twelve (12) treatments over six (6) weeks. This surpasses the recommended number of treatments. Acupuncture is also recommended as an adjunct to active rehabilitation. There is no documentation that the patient is participating in an active rehabilitation. The acupuncture is not recommended.

Chiropractic therapy two (2) times a week for six (6) weeks to the lumbar spine: Upheld

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

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain, Manual therapy and manipulation; Lower back, Lumbar and Thoracic, Manipulation

Decision rationale: The Official Disability Guidelines indicate that manipulation is recommended as an option for a chronic low back pain. Manipulation may be safe and outcomes may be good, but the studies are not as convincing. The guidelines recommend up to six (6) visits over two (2) weeks for mild pain and a trial of six (6) visits over two (2) weeks for severe pain. If there is evidence of functional improvement, therapy may be extended up to eighteen (18) visits over six to eight (6-8) weeks. In this case, the request was for a total of twelve (12) treatments over six (6) weeks. This surpasses the recommended six (6) visit trial and is not recommended.