

Case Number:	CM14-0009036		
Date Assigned:	02/12/2014	Date of Injury:	06/17/2009
Decision Date:	07/29/2014	UR Denial Date:	12/19/2013
Priority:	Standard	Application Received:	01/23/2014

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 Occupational Medicine, and is licensed to practice in California. 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 patient is a 55-year-old female who has filed a claim for degeneration of cervical intervertebral disc associated with an industrial injury date of June 17, 2009. Review of progress notes indicates neck pain radiating to the left upper extremity, associated with numbness, tingling, and weakness; headaches to the occipital region associated with dizziness and blurred vision; bilateral shoulder pain, with the left shoulder pain radiating down the hand with numbness and tingling; bilateral wrist/hand pain with numbness, tingling, and weakness; and low back pain radiating down the right buttock and posterior thigh to the calf and to the entire foot, associated with numbness and tingling. Findings include mildly antalgic gait; tenderness over the cervical, upper thoracic, and lumbar regions; positive cervical compression bilaterally; decreased sensation in the lateral forearm and ulnar distribution of the left hand, and over the medial bilateral legs; tenderness over the shoulders with positive impingement on the right; tenderness over bilateral medial epicondyles with positive Tinel's sign at the elbows; positive Phalen's, Tinel's and Finkelstein's tests of bilateral wrist; positive straight leg raise test bilaterally; medial joint line tenderness over the right knee; and tenderness over the right foot plantar fascia. MRI of the lumbar spine dated March 14, 2013 showed multilevel disc desiccation; facet degenerative changes at L3-4 and L4-5; and bilateral neuroforaminal narrowing and spinal canal narrowing at L3-4, L4-5, and L5-S1. MRI of the cervical spine dated February 27, 2012 showed disc bulges with neuroforaminal narrowing at C5-6 and C6-7. Treatment to date has included NSAIDs, topical analgesics, opioids, muscle relaxants, anti-depressants, sedatives, IF unit, acupuncture, right and left carpal tunnel surgeries, cervical epidural steroid injections, lumbar spinal surgery, and cervical spinal surgery in January 2014. Utilization review from December 19, 2013 denied the requests for functional capacity evaluation as there was no documentation of unsuccessful attempts at return to work activities or that the patient has reached maximum medical

improvement; acupuncture x 6 visits to cervical spine, bilateral wrists, and hands as there were no previous acupuncture reports documenting objective gain; lumbar support as there were no findings to support the medical necessity of a lumbar support; and interferential unit as there was no documentation of significant functional gains with use of this unit.

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: Decision based on MTUS Chronic Pain Treatment Guidelines. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Fitness for Duty (updated 11/12/13).

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 132-139. Decision based on Non-MTUS Citation American College of Occupational and Environmental Medicine (ACOEM), 2nd Edition, (2004) Chapter 7, page(s) 132-139 Official Disability Guidelines (ODG) Fitness for Duty chapter, Functional capacity evaluation (FCE).

Decision rationale: As stated on pages 132-139 of the CA MTUS ACOEM Guidelines, functional capacity evaluations (FCEs) may be ordered by the treating physician if the physician feels the information from such testing is crucial. FCEs may establish physical abilities and facilitate the return to work. There is little scientific evidence confirming that FCEs predict an individual's actual capacity to perform in the workplace. According to ODG, functional capacity evaluations (FCEs) are recommended prior to admission to a work hardening program, with preference for assessments tailored to a specific task or job. They are not recommended for routine use as part of occupational rehab or screening, or generic assessments. Consider an FCE if case management is hampered by complex issues such as prior unsuccessful RTW attempts, conflicting medical reporting on precautions or fitness for modified job, and injuries that require detailed exploration of a worker's abilities. In this case, there is no documentation indicating issues with regards to return-to-work activities or admission to a work hardening program. Also, there is mention that the patient is working with modified duties. Therefore, the request for functional capacity evaluation was not medically necessary.

ACUPUNCTURE X6 VISITS CS BOTH WRIST AND HAND: Upheld

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

MAXIMUS guideline: Decision based on MTUS Acupuncture Treatment Guidelines, Chronic Pain Treatment Guidelines Pain, Suffering, and the Restoration of Function Page(s): 114.

Decision rationale: As noted on page 114 of the CA MTUS ACOEM Guidelines, they stress the importance of a time-limited treatment plan with clearly defined functional goals, with frequent assessment and modification of the treatment plan based upon the patient's progress in meeting those goals, and monitoring from the treating physician is paramount. In addition, Acupuncture

Medical Treatment Guidelines state that acupuncture may be 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 functional recovery. Functional improvement should be observed within 3-6 treatments, with treatments rendered 1 to 3 times per week and an optimum duration of 1 to 2 months. Acupuncture treatments may be extended if functional improvement is documented. In this case, there is note that the patient had previous acupuncture sessions. However, there is no documentation describing these sessions, and the significant benefits derived. Additional information is necessary to support this request. Therefore, the request for acupuncture x 6 visits CS both wrists and hands was not medically necessary.

DURABLE MEDICAL EQUIPMENT, LUMBAR SPINE SUPPORT: 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 - Lumbar & Thoracic (Acute & Chronic) updated 12/4/2013.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 301. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Low Back chapter, Lumbar supports.

Decision rationale: As stated on page 301 of the ACOEM Low Back Guidelines referenced by CA MTUS, back braces have not been shown to have any lasting benefit beyond the acute phase of symptom relief. According to ODG, they are indicated for management of compression fractures, spondylolisthesis, or documented instability. There is very low quality evidence for treatment of nonspecific LBP as a conservative option. Lumbar supports are not recommended for prevention. In this case, there is no documentation regarding lumbar spine instability to support this request. Therefore, the request for DME: lumbar spine support was not medically necessary.

DURABLE MEDICAL EQUIPMENT, INTERFERENTIAL UNIT: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 118.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines pages: Transcutaneous electrotherapy, Interferential Current Stimulation (ICS) Page(s): 118-120.

Decision rationale: Page 118-120 of CA MTUS Chronic Pain Medical Treatment Guidelines state that a one-month trial of the IF unit may be appropriate when pain is ineffectively controlled due to diminished effectiveness of medications, when pain is ineffectively controlled with medications due to side effects, in patients with a history of substance abuse, in the presence of significant pain from postoperative conditions limiting the ability to perform exercise programs/physical therapy treatment, or if the condition is unresponsive to conservative measures. There is no documentation that there is failure of pharmacological or physical therapeutic modalities in this patient. Also, there is no documentation regarding the significant

objective benefits derived from previous use of the IF unit. Therefore, the request for DME: interferential unit was not medically necessary.