MAXIMUS Federal Services

Case Number:	CM14-0117648		
Date Assigned:	08/06/2014	Date of Injury:	11/14/2013
Decision Date:	09/10/2014	UR Denial Date:	07/11/2014
Priority:	Standard	Application Received:	07/25/2014

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, has a subspecialty in Interventional Spine 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 68 year-old male with an 11/14/13 date of injury. According to the 5/16/14 orthopedic report from [redacted], the patient presents with neck pain and headaches, low back pain, heart palpitations, depression, anxiety with history of angioplasty, and has been diagnosed with sprain/strain cervical spine; sprain/strain lumbar spine; and rule out bilateral carpal tunnel syndrome. Chiropractic and acupuncture had provided some relief of symptoms and the patient reports being slightly improved after 27 sessions of physical therapy, 9 sessions of chiropractic and 9 sessions of acupuncture. [redacted] requests additional acupuncture two times four and chiropractic care one times four and a functional capacity evaluation. On 7/11/14, UR denied the additional acupuncture and chiropractic care and the functional capacity evaluation (FCE).

IMR ISSUES, DECISIONS AND RATIONALES

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

Continued Acupuncture, Infrared and acupressure to the neck and low back 2x4: Upheld

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

MAXIMUS guideline: Decision based on MTUS Acupuncture Treatment Guidelines.

Decision rationale: The IMR request is for continued acupuncture with infrared and acupressure therapy for the neck and back two times four. The patient is a 68 year-old male with an 11/14/13 date of injury. According to the 5/16/14 orthopedic report from [redacted], the patient presents with neck pain and headaches, low back pain, heart palpitations, depression, anxiety with history of angioplasty, and has been diagnosed with sprain/strain cervical spine; sprain/strain lumbar spine; and rule out bilateral carpal tunnel syndrome. Chiropractic and acupuncture had provided some relief of symptoms and he reports being slightly improved after 27 sessions of physical therapy, 9 sessions of chiropractic and 9 sessions of acupuncture. The patient is reported to have had 9 sessions of acupuncture. California Medical Treatment Utilization Schedule (MTUS)/Acupuncture treatment guidelines state that "Acupuncture treatments may be extended if functional improvement is documented as defined in Section 9792.20(f)." The definition of functional improvement is: "Functional improvement" means either a clinically significant improvement in activities of daily living or a reduction in work restrictions as measured during the history and physical exam, performed and documented as part of the evaluation and management visit billed under the Official Medical Fee Schedule (OMFS) pursuant to sections 9789.10-9789.111; and a reduction in the dependency on continued medical treatment The only medical report provided for this IMR is dated 5/16/14 from [redacted], and does not discuss functional improvement from the prior 9 sessions of acupuncture. The request for additional acupuncture without documented functional improvement is not in accordance with the MTUS/ Acupuncture treatment guidelines. Treatment is not medically necessary and appropriate.

Continued Chiropractic Evaluation and treatment to the neck and low back 1x4: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Manual Therapy & Manipulation.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Manual therapy & manipulation Page(s): 58.

Decision rationale: The IMR request is for continued chiropractic evaluation and treatment one times four for the neck and low back. The patient is a 68 year-old male with an 11/14/13 date of injury. According to the 5/16/14 orthopedic report from [redacted], the patient presents with neck pain and headaches, low back pain, heart palpitations, depression, anxiety with history of angioplasty, and has been diagnosed with sprain/strain cervical spine; sprain/strain lumbar spine; and rule out bilateral carpal tunnel syndrome. Chiropractic and acupuncture had provided some relief of symptoms and he reports being slightly improved after 27 sessions of physical therapy, 9 sessions of chiropractic and 9 sessions of acupuncture. California Medical Treatment Utilization Schedule (MTUS) guidelines for chiropractic care for the low back states: "Recommended as an option. Therapeutic care - Trial of 6 visits over 2 weeks, with evidence of objective functional improvement, total of up to 18 visits over 6-8 weeks." The definition of functional improvement is: "Functional improvement" means either a clinically significant improvement in activities of daily living or a reduction in work restrictions as measured during the history and physical exam, performed and documented as part of the evaluation and management visit billed under the Official Medical Fee Schedule (OMFS) pursuant to sections 9789.10-9789.111; and a reduction in the dependency on continued medical treatment. The patient is reported to have had 9 sessions of chiropractic care. The only medical report provided

for this IMR is dated 5/16/14 from [redacted], and does not discuss functional improvement from the prior 9 sessions of chiropractic care The request for additional chiropractic care without documented functional improvement is not in accordance with the MTUS guidelines. Treatment is not medically necessary and appropriate.

Initial 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 Practice Guidelines 2nd Edition, Independent Medical Examinations and Consultations Chapter, pages 137-138Official Disability Guidelines (ODG) Fitness for Duty-FCE.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Other Medical Treatment Guideline or Medical Evidence: ACOEM chapter 7, pg 137-138.

Decision rationale: The IMR request is for an initial Functional Capacity Evaluation (FCE).The patient is a 68 year-old male with an 11/14/13 date of injury. According to the 5/16/14 orthopedic report from [redacted], the patient presents with neck pain and headaches, low back pain, heart palpitations, depression, anxiety with history of angioplasty, and has been diagnosed with sprain/strain cervical spine; sprain/strain lumbar spine; and rule out bilateral carpal tunnel syndrome. Chiropractic and acupuncture had provided some relief of symptoms and he reports being slightly improved after 27 sessions of physical therapy, 9 sessions of chiropractic and 9 sessions of acupuncture. California Medical Treatment Utilization Schedule (MTUS) does not discuss functional capacity evaluations. American College of Occupational and Environmental Medicine (ACOEM), 2nd Edition, (2004) chapter 7, was not adopted into MTUS, but would be the next highest-ranked standard according to LC4610.5(2)(B). ACOEM does not appear to support the functional capacity evaluations and states: "Functional capacity evaluations may establish physical abilities, and also facilitate the examinee/employer relationship for return to work. However, FCEs can be deliberately simplified evaluations based on multiple assumptions and subjective factors, which are not always apparent to their requesting physician. There is little scientific evidence confirming that FCEs predict an individual's actual capacity to perform in the workplace; an 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 an 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 capability and restrictions." The functional capacity evaluation does not appear to be in accordance with ACOEM guidelines. Treatment is not medically necessary and appropriate.