MAXIMUS Federal Services

Case Number:	CM14-0121403		
Date Assigned:	08/06/2014	Date of Injury:	01/07/2013
Decision Date:	09/11/2014	UR Denial Date:	07/03/2014
Priority:	Standard	Application Received:	08/01/2014

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 Family Medicine and is licensed to practice in New Jersey. 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 worker is a 57 year old female who was injured on 1/7/2013 after slipping and falling backwards, landing on her buttocks and back as well as her outstretched hands. She was diagnosed with lumbar spondylosis with myelopathy, carpal/wrist sprain bilaterally, and anxiety. She was treated with acupuncture, behavioral psychotherapy, topical analgesics, and oral NSAIDs. She was able to return to full duty at work without restrictions. On 6/18/14, the worker was seen by her treating physician complaining of moderate to severe low back pain with numbness in her left leg, mild to moderate achiness in both wrists and forarms, sleep disturbance, and overall stress. Physical examination findings revealed spasm and tenderness of lumbar area, tenderness of both piriformis muscles, positive Kemp's test bilaterally, positive Teoman's on left side, spasm and tenderness of both wrists and posterior extensor tendons, positive Tinel's on both wrists. The treating physician stated that the worker had completed 13 sessions of acupuncture and had showed signs of functional improvement described in the form of increased range of motion and decreased pain from 4/10 to 2/10 on the pain scale. An additional 6 sessions of acupuncture was requested as well as a functional capacity evaluation.

IMR ISSUES, DECISIONS AND RATIONALES

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

QUALIFIED FUNCTIONAL CAPACITY EVALUATION: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines FCE. Decision based on Non-MTUS Citation ODG-Pain.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 1 Prevention Page(s): 11-12.

Decision rationale: The MTUS ACOEM Guidelines state that there is not good evidence that funcitonal capacity evaluations are correlated with lower frequency of health complaints or injuries. A complete evaluation of job duties, predictable potential limitations at work, and other qualifications should be done before any functional capacity evaluation so as to better serve the worker involved. In the case of this worker, she had been working in full capacity prior to this request, and there was no discussion of any specific difficulties she was experiencing at work due to her injuries. Therefore, there would not be any benefit to getting a separate functional capacity evaluation, and it is not medically necessary and appropriate.

ACUPUNCTURE TREATMENT, 3 TIMES WEEKLY FOR 2 WEEKS LUMBAR SPINE/BILATERAL WRISTS: Upheld

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

MAXIMUS guideline: Decision based on MTUS Acupuncture Treatment Guidelines.

Decision rationale: The MTUS Acupuncture Medical Treatment Guidelines state that acupuncture may be used as an option when pain medication is reduced or not tolerated and may be used as an adjunct to physical rehabilitation and/or surgical intervention. The Guidelines suggest that the time to produce a functional improvement should be within 3-6 treatments, and the frequency may be up to 1-3 times per week once determined to be produce functional improvments in the worker. The overall duration of the treatments is suggested to be up to 1-2 months. In the case of this worker, she had completed 13 sessions prior to the request with a reported improvement in funciton and pain. However, the method of evaluating functional improvement was in the form of range of motion. Functional evaluations should be in the form of decreased requirement of pain medication, ability to return to work, ability to perform activities of daily living better or quicker, etc. There was no evidence from the documents provided for review that the worker was actively exercising, which is required in order to justify continuation of acupuncture. Considering these items, the continued acupuncture is not medically necessary and appropriate.