MAXIMUS Federal Services

Case Number:	CM14-0130812		
Date Assigned:	09/19/2014	Date of Injury:	06/08/2012
Decision Date:	11/05/2014	UR Denial Date:	08/04/2014
Priority:	Standard	Application Received:	08/15/2014

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 & Rehabilitation, has a subspecialty in Pain Medicine and is licensed to practice in Texas and Ohio. 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 injured worker is a 65-year-old female who reported an injury on 06/08/2012 due to an unknown mechanism of injury. The injured worker reportedly sustained an injury to her low back. The injured worker was evaluated on 07/25/2014. It was documented that the injured worker was using a back brace to assist with low back support. Objective findings included increased tenderness to palpation of the left medial trapezius musculature of the cervical spine. Evaluation of the right shoulder documented tenderness over the right scapula. Evaluation of the right elbow documented a negative tennis elbow test and no evidence of spasming or tenderness. Evaluation of the right wrist and hand revealed tenderness to palpation over the thumb CMC joint. The injured worker's diagnoses included a work related fall, headaches, cervical spine sprain/strain, lumbar spine sprain/strain, multilevel disc bulging and facet arthropathy, right shoulder periscapular strain, right wrist strain with CMC arthrogram and insomnia. The injured worker's treatment plan included 8 sessions of acupuncture. It was noted that the injured worker previously had participated in 6 sessions of acupuncture that provided great improvement in pain and functionality and a functional capacity evaluation to evaluate her return to work environment. No Request For Authorization form was submitted to support the request.

IMR ISSUES, DECISIONS AND RATIONALES

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

Acupuncture; eight (8) visits (2x4), cervical spine, lumbar: Upheld

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

MAXIMUS guideline: Decision based on MTUS Acupuncture Treatment Guidelines.

Decision rationale: The clinical documentation submitted for review does indicate that the injured worker had previously participated in 6 sessions of acupuncture that did provide significant benefit and increased function. However, the California Medical Treatment Utilization Schedule recommends acupuncture as an adjunctive treatment to a functional restoration program. The clinical documentation does not provide any evidence that the injured worker is participating in any type of active therapy to include a home exercise program that would benefit from the adjunctive treatment of acupuncture. Additionally, the injured worker's most recent clinical evaluation did not provide an adequate assessment of the injured worker's lumbar spine to support the need for medical treatment. As such, the requested Acupuncture; eight (8) visits (2x4), Cervical Spine, Lumbar, are not medically necessary and appropriate.

Functional Capacity Evaluation: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation ODG, Fitness for Duty Chapter, functional capacity evaluation (FCE) chapter Guidelines for performing and FCEACOEM Practice Guidelines 2nd Ed., Independent Medical Examinations and Consulations, Chapter pages 137 - 138

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 5 Cornerstones of Disability Prevention and Management Page(s): 89-92.

Decision rationale: The American College of Occupational and Environmental Medicine recommend functional capacity evaluations when a more precise deliniation between the injured worker's capacity to perform job functions is required beyond what can be provided during a standard physical examination provided by the treating physician. The clinical documentation submitted for review does not provide any evidence that the injured worker requires an evaluation of the injured worker's work capabilities. There is no documentation that the injured worker has failed to return to work. There is no documentation that the injured worker is at or near maximum medical improvement. Therefore, the need for a functional capacity evaluation in this clinical situation is not supported. As such, the requested functional capacity evaluation is not medically necessary and appropriate.