

Case Number:	CM14-0156379		
Date Assigned:	09/25/2014	Date of Injury:	02/25/2004
Decision Date:	10/27/2014	UR Denial Date:	09/23/2014
Priority:	Standard	Application Received:	09/24/2014

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:

This is a 52-year old female with a 2/25/04 injury date. She had a fall injury at work, after which she began experiencing pain, numbness, and weakness at the neck, shoulder, arms, and hands. An EMG/NCV on 5/30/14 showed bilateral carpal tunnel syndrome. A lumbar spine MRI on 2/16/12 showed disc desiccation at L3-4 and L5-S1. In a 9/28/14 follow-up, the patient complained of constant neck and low back pain that has worsened since the last visit. Objective findings included reduced cervical range of motion, point tenderness in the left paravertebral muscles with trigger points, reduced lumbar range of motion, and positive straight leg rising at 40 degrees on the left. Diagnostic impression: cervical radiculopathy, lumbar degenerative disc disease. Treatment to date: none documented. A UR decision on 9/23/14 modified the request for acupuncture 2X4 to allow for acupuncture 2X3 on the basis that guidelines support an initial trial of 6 acupuncture sessions. The request for functional capacity evaluation was denied because there was no indication that the patient is at or near MMI.

IMR ISSUES, DECISIONS AND RATIONALES

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

Acupuncture Two Times A week For Four Weeks: 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 CA MTUS 2009: Â§9792.23. Clinical Topics: ACOEM Pain, Suffering, and the Restoration of Function Chapter (page 114

Decision rationale: CA MTUS/ACOEM guidelines 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. Furthermore, guidelines state that time to produce functional improvement of 3 - 6 treatments. However, the current request is for 8 initial sessions (2 times per week for 4 weeks) which is beyond what is recommended by the guidelines. Therefore, the request for Acupuncture Two Times A week For Four Weeks is not medically necessary.

Functional Capacity Evaluation: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation CA MTUS 2009: Â§9792.23. Clinical Topics: ACOEM Chapter 7 Independent Medical Examinations and Consultations (page 132-139);

Decision rationale: CA MTUS states that 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. In addition, ODG states that an FCE should be considered when case management is hampered by complex issues (prior unsuccessful RTW attempts, conflicting medical reporting on precautions and/or fitness for modified job), injuries that require detailed exploration of a worker's abilities, timing is appropriate (Close to or at MMI/all key medical reports secured), and additional/secondary conditions have been clarified. However, there is no documentation or indication that the patient is at or near maximum medical improvement (MMI). In addition, there is no documentation of an agreement between patient and employer that modified work could be made available based upon the outcome of the FCE. Therefore, the request for functional capacity evaluation is not medically necessary.