

<b>Case Number:</b>	CM14-0176256		
<b>Date Assigned:</b>	10/29/2014	<b>Date of Injury:</b>	05/13/2013
<b>Decision Date:</b>	12/10/2014	<b>UR Denial Date:</b>	10/14/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	10/24/2014

### 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 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 44 year old male with an injury date on 05/13/2013. Based on the 09/08/2014 progress report provided by [REDACTED], the diagnoses are: Injury, other and unspecified, other specified sites, including multiple; Cervicalgia (Consistent with myofascial pain; cannot rule out underlying discogenic pain and/or facet mediated pain); Lumbago; Unspecified neuralgia, neuritis, and radiculitis; Tension type headache, unspecified (with migrainous elements). According to this report, the patient complains of right outer leg paresthesias that radiates down to the foot at night. Physical exam reveals tenderness over the bilateral splenius capiti/cervicis muscles, facet joint, medial scapular muscles, upper trapezius muscles, and paralumbar extensor muscles. Range of motion of the cervical and lumbar is limited. There is decreased sensation at the lateral right leg. "Chiropractic therapy, TENS, pain medications, and cervical trigger point injections have recently been helpful." Patient is "still unwilling/unable to loosen work restriction." There were no other significant findings noted on this report. The utilization review denied the request on 10/14/2014. [REDACTED] is the requesting provider, and he provided treatment reports from 05/01/2014 to 09/08/2014.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Functional Capacity Evaluation x 1: Upheld**

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation ACOEM Guidelines, page 137-138 (current work capability)ODG (Official Disability Guidelines): Fitness for Duty Chapter

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation American College of Occupational and Environmental Medicine (ACOEM), 2nd Edition, (2004) Functional Capacity Evaluation: ACOEM guidelines, Chapter 7, page 137-139

**Decision rationale:** According to the 09/08/2014 report by [REDACTED], this patient presents with right outer leg paresthesias that radiates down to the foot at night. The treating physician is requesting Functional capacity evaluation x 1. The utilization review denial letter states "Given this statement of the patient's unwilling to comply, this patient does not meet the criteria for an FCE." Regarding Functional/Capacity Evaluation, ACOEM Guidelines page 137 states, "The examiner is responsible for determining whether the impairment results in functional limitations... The employer or claim administrator may request functional ability evaluations... These assessments also may be ordered by the treating or evaluating physician, if the physician feels the information from such testing is crucial...There is little scientific evidence confirming that FCEs predict an individual's actual capacity to perform in the workplace." In this case, the treating physician does not explain why FCE is crucial. It is not requested by the employer or the claims administrator. The FCE does not predict the patient's actual capacity to perform in the workplace. Recommendation is that the request is not medically necessary.

**Acupuncture Therapy x 6 sessions for the cervical and lumbar spine:** Overturned

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Acupuncture Medical Treatment Guidelines Page(s): 13.

**Decision rationale:** According to the 09/08/2014 report by [REDACTED], this patient presents with right outer leg paresthesias that radiates down to the foot at night. The treating physician is requesting Acupuncture therapy x 6 sessions for the cervical and lumbar spine. For acupuncture, MTUS Guidelines page 8 recommends acupuncture for pain suffering and restoration of function. Recommended frequency and duration is 3 to 6 treatments to produce functional improvement, 1 to 2 times per year, with optimal duration of 1 to 2 months. In this case, medical records indicate that the patient has not had acupuncture treatments before and would like to "try Acupuncture therapy to help reduce his pain symptoms." The requested 6 sessions appear reasonable as MTUS allows up to 3-6 sessions of trial. Recommendation is that the request is medically necessary.