

Case Number:	CM14-0023581		
Date Assigned:	05/12/2014	Date of Injury:	03/06/2012
Decision Date:	07/10/2014	UR Denial Date:	02/12/2014
Priority:	Standard	Application Received:	02/24/2014

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:

The applicant is a represented [REDACTED] employee who has filed a claim for chronic low back pain reportedly associated with an industrial injury of March 6, 2012. Thus far, the applicant has been treated with the following: Analgesic medications; attorney representation; transfer of care to and from various providers in various specialties; and unspecified amounts of chiropractic manipulative therapy. In a Utilization Review Report dated February 12, 2014, the claims administrator approved a pain management consultation, denied a functional capacity evaluation, partially certified a request for 12 sessions of acupuncture as six sessions of acupuncture, denied a lumbar support, and denied an interferential current stimulator. The applicant's attorney subsequently appealed. A May 5, 2014 electrodiagnostic testing of the bilateral upper extremities was interpreted as normal. April 20, 2014 electrodiagnostic testing of the bilateral lower extremities was likewise interpreted as normal. In a progress note of January 30, 2014, which is not entirely legible, authorization was apparently sought for Naprosyn, topical compounds, acupuncture, a pain management consultation, and a functional capacity evaluation while the applicant was placed off of work, on total temporary disability. The note was extremely difficult to follow, handwritten, and not entirely legible.

IMR ISSUES, DECISIONS AND RATIONALES

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

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, 2nd Edition, Chapter 7 Independent Medical Examinations and Consultations, pages 132-139.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 2 General Approach to Initial Assessment and Documentation Page(s): 21.

Decision rationale: As noted in the ACOEM Guidelines, functional capacity testing can be considered to help quantify functional impairment into limitations and restrictions. In this case, however, the applicant is off of work, on total temporary disability. The applicant is represented. The applicant has seemingly failed to return to work. It is not clear from the medical records provided for review why it is necessary to quantify the applicant's functional impairment as it did not appear that the applicant either has a job to return to and/or intends to return to the workplace and/or workforce at this point in time. Therefore, the request is not medically necessary.

LUMBAR SPINE SUPPORT PART TIME: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 298-301.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 301.

Decision rationale: As noted in the ACOEM Guidelines, lumbar supports have not been shown to have any lasting benefit beyond the acute phase of symptom relief. In this case, the applicant was approximately two years removed from the date of injury. The applicant was, thus, clearly outside of the acute phase of symptom relief. Therefore, the request is not medically necessary.

INTERFERENTIAL UNIT: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Interferential Current Stimulation (ICS) Page(s): 118-120.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Interferential Current Stimulation Page(s): 120.

Decision rationale: While page 120 of the MTUS Chronic Pain Guidelines does suggest that interferential stimulation can be employed on a one-month trial basis in applicants in whom pain is ineffectively controlled due to diminished efficacy of medications, medication side effects, history of substance abuse which would prevent provision of analgesic medications, and/or significant pain from postoperative conditions which limit the ability to perform exercise programs or physical therapy, none of the aforementioned criteria have been met. There is no evidence of intolerance to and/or failure of first-line oral pharmaceuticals. There is no evidence that the applicant has history of substance abuse. There is no evidence that the applicant is having difficulty performing home exercises owing to postoperative pain control issues. Little or no rationale accompanied the request for authorization. There is no evidence that a successful

one-month trial of the interferential current stimulator device had been obtained. Therefore, the request is not medically necessary.

ACUPUNCTURE 3 TIMES A WEEK FOR 4 WEEKS TO CERVICAL, THORACIC, AND LUMBAR SPINE, BILATERAL KNEES, AND SHOULDERS (TOTAL OF 12 SESSIONS): Upheld

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

MAXIMUS guideline: Decision based on MTUS Acupuncture Treatment Guidelines.

Decision rationale: As noted in the MTUS Acupuncture Treatment Guidelines, the time deemed necessary to produce functional improvement following introduction of acupuncture is three to six treatments. In this case, the 12-session course of treatment proposed here, thus, is two to four times that endorsed by the MTUS Guidelines. No rationale for acupuncture of this far in excess of MTUS parameters was provided. Therefore, the request is likewise not medically necessary.