

Case Number:	CM14-0037287		
Date Assigned:	06/25/2014	Date of Injury:	10/26/2010
Decision Date:	08/05/2014	UR Denial Date:	03/20/2014
Priority:	Standard	Application Received:	03/27/2014

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 51-year-old male with a date of injury of 10/26/10. The listed diagnoses per [REDACTED] are bilateral lumbar spine radiculopathy, and bilateral meralgia paresthetica. According to the initial report from 3/5/14 by [REDACTED], the patient complains of pain in the lumbar spine area that is constant and mild to moderate in severity. Objective findings included tenderness at L5-S1 and decreased sensation in the lateral and anterior aspect of the thigh. The patient's medication regimen included Norco, gabapentin, and ibuprofen. The patient's treatment history included physical therapy, chiropractic treatment, epidural injection, and medications.

IMR ISSUES, DECISIONS AND RATIONALES

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

Physical therapy 3 times a week for 4 weeks for the lumbar spine: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Physical Medicine Page(s): 98-99.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 98-99.

Decision rationale: For physical medicine, the MTUS Guidelines recommends for 9 to 10 sessions over 8 weeks myalgia and myositis. In this case, there is no indication that this patient

has had any physical therapy in the recent past. Given the patient's complaints of low back pain, a course of 9 to 10 sessions may be indicated. However, the treater's request for 12 sessions exceeds what is recommended by MTUS. As such, the request is not medically necessary.

Acupuncture 2 times a week for 6 week for the lumbar spine: Upheld

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

MAXIMUS guideline: Decision based on MTUS Acupuncture Treatment Guidelines.

Decision rationale: Acupuncture is recommended for pain, suffering, and restoration of pain. The 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, given patient's diagnoses and complaints of tenderness and pain in the low back, a trial of acupuncture may be warranted; however, the treater's request for initial 12 visits exceeds what is recommended by the MTUS. As such, the request is not medically necessary.

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 Chapter 7 page 127 Official Disability Guidelines (ODG)- Fitness for Duty.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Independent Medical Examinations and Consultations (ACOEM Practice Guidelines, 2nd Edition (2004), Chapter 7), pages 137, 139.

Decision rationale: The ACOEM guidelines do not support the routine use of functional capacity evaluation (FCE). It states that the examiner is responsible for determining whether the impairment results in functional limitation. There is little evidence that FCEs can predict an individual's actual capacity to perform in the workplace. FCEs are reserved for special circumstances when the employer or adjuster requests it. FCEs are indicated if there is a specific or special need, and when it is requested by the claims adjuster or the employer. The treater appears to be asking for FCE for a routine evaluation which is not supported by the ACOEM. As such, the request is not medically necessary.