MAXIMUS Federal Services

Case Number:	CM14-0060252		
Date Assigned:	07/09/2014	Date of Injury:	09/24/2012
Decision Date:	09/10/2014	UR Denial Date:	04/01/2014
Priority:	Standard	Application Received:	05/01/2014

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 Family 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 54 year old patient who reported an industrial injury on 8/24/2012, over two years ago, attributed to the performance of her customary job tasks. The patient was documented to complain of neck and bilateral upper extremity pain; lower back pain with reported numbness to the bilateral lower extremities; abdominal pain; stress; nervousness. The patient has a past history of a hernia repair x2. The objective findings on examination included tenderness to palpation and spasm to the bilateral paraspinal muscles from C4 to C7; upper shoulders and sub occipital muscles; distraction test positive bilaterally; tenderness to palpation and spasms to the lumbar spine from L3 and S1; decreased range of motion to the lumbar spine. The diagnoses included lumbar disc displacement with myelopathy; cervical disc herniation without myelopathy; after care for inguinal hernia repair; and anxiety. The treatment plan included electrodiagnostic studies of the bilateral lower extremities to identify nerve damage that may exist prior to any procedures, such as, an epidural steroid injection (ESI); a functional capacity evaluation; and acupuncture six sessions directed to the neck and back.

IMR ISSUES, DECISIONS AND RATIONALES

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

Acupuncture, 6 Visits-Cervical And Lumbar Spines: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: Decision based on MTUS Acupuncture Treatment Guidelines.

Decision rationale: The request for six (6) additional sessions of acupuncture directed to the neck and back were not supported with objective evidence of functional improvement with the previous certified sessions of acupuncture. There was no sustained functional improvement documented. There is no demonstrated medical necessity for six additional sessions of acupuncture. There was no provided conservative care by the requesting physician prior to the request for acupuncture after it was noted that the patient had received a significant number of sessions of physical therapy. The treating physician requested acupuncture sessions to the neck and back based on persistent chronic pain due to the reported industrial injury and muscle pain not controlled with medications and home exercises. The request is not consistent with the recommendations of the CA Medical Treatment Utilization Schedule for the continued treatment with acupuncture. The patient was noted to have received the CA MTUS recommended number of sessions of acupuncture over a 1-2 month period of treatment. There is no documented sustained functional improvement. The current request is for maintenance treatment. The patient has not demonstrated to be participating in a self-directed home exercise program for conditioning and strengthening. There is no demonstrated functional improvement on a PR-2 by the acupuncturist. There is no documented reduction of medications attributed to the use of acupuncture. The recent clinical documentation demonstrates that the patient has made no improvement to the cited body parts with the provided conservative treatment for the diagnoses of sprain/strain. Acupuncture is not recommended as a first line treatment and is authorized only in conjunction with a documented self-directed home exercise program. There is no documentation that the patient has failed conventional treatment. There was no rationale supporting the use of additional acupuncture directed to the neck and back. The use of acupuncture is not demonstrated to be medically necessary. There is no objective evidence to support the continued treatment with acupuncture directed to the cited diagnoses of lumbar disc displacement with myelopathy; cervical disc herniation without myelopathy; after care for inguinal hernia repair. An initial short course of treatment to demonstrate functional improvement through the use of acupuncture is recommended for the treatment of chronic pain issues, acute pain, and muscle spasms. A clinical trial of four (4) sessions of acupuncture is consistent with the CA Medical Treatment Utilization Schedule, the ACOEM Guidelines, and the Official Disability Guidelines for treatment of the neck and back. The continuation of acupuncture treatment would be appropriately considered based on the documentation of the efficacy of the four (4) sessions of trial acupuncture with objective evidence of functional improvement. Functional improvement evidenced by the decreased use of medications, decreased necessity of physical therapy modalities, or objectively quantifiable improvement in examination findings and level of function would support the medical necessity of 8-12 sessions over 4-6 weeks.

Functional Capacity Evaluation (FCE): Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM.

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), 2ndEdition, (2004) chapter 7 pages 132-139; chapter 7 pages 137-138;Official Disability Guidelines (ODG) fitness for duty chapter functional capacity evaluation.

Decision rationale: The request for a Functional Capacity Evaluation (FCE) for the diagnosis of lumbar/cervical spine Degenerative Disc Disease (DDD) was not supported with objective evidence to demonstrate medical necessity for the treatment of this industrial injury. The Official Disability Guidelines (ODG) recommends that the FCE is not ordered routinely. There are no complex issues identified such as prior unsuccessful attempt to return to work or conflicting reports for fitness to perform work. The objective findings on examination did not support the medical necessity of a FCE to establish work restrictions. There is no medical necessity for the requested functional capacity evaluation prior to evaluating whether or not the employer is able to accommodate the provided work restrictions. The FCE is not demonstrated to be medically necessary and has not been requested by the employer. The FCE has been requested for chronic back/neck pain with no changes on the current documented objective findings on examination nor was it demonstrated to be medically necessary for the evaluation and treatment of the patient over two years after the cited date of injury (DOI). The patient can be cleared without the medical necessity of an FCE based on the results of the documented physical examination. The objective findings on examination indicate that the patient would be able to perform the documented job requirements. There is no demonstrated medical necessity for the FCE to establish a clearance. The request for authorization was made to establish a "baseline," which was adequately provided with the documented physical examination. There are two recommendations by evidence-based guidelines to perform a FCE to establish a baseline for the treatment of the patient for the cited industrial injury that is related to a lower back or neck diagnoses. There is no objective subjective/objective evidence provided to support the medical necessity of the requested functional capacity evaluation for the effects of the reported industrial injury or whether or not the ability to perform the patient's job description is affected. There is no indication that the FCE is required to establish the patient's current status to perform modified work presently offered by the employer. There is no request from the employer to perform a FCE. There is no indication that the employer cannot accommodate the specified work restrictions due to the effects of the industrial injury to the low back. There is no demonstrated medical necessity for the FCE for the diagnosed back issues. The request for the FCE was not supported with objective medically based evidence to establish the medical necessity of a FCE for this patient and was request only to establish a "baseline." There is no demonstrated medical necessity for the requested FCE and the request is not supported with objective medically based evidence. Therefore is not medically necessary.

EMG (Electromyography) Of Bilateral Lower Extremities: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines ,Neck and low back chapter.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 303; 62. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) low back chapter EMG and NCS.

Decision rationale: There is no objective evidence of any changes in the neurological status of the patient to warrant electrodiagnostic studies. The patient was documented to have a normal neurological examination other than reported subjective lateral leg numbness. There was no objective finding on examination of a sensory loss over a dermatomal distribution. There is no evidence of a nerve impingement radiculopathy on the two MRIs of the lumbar spine. The neurological examination was documented as normal. The MRI the lumbar spine fails to demonstrate a nerve impingement radiculopathy. The patient continues to complain of back pain. There were no demonstrated neurological deficits along a dermatomal distribution to the bilateral lower extremities (BLEs) that were reproducible on examination. The patient was not noted to have any changes in clinical status. The patient had some subjective complaints of radiculitis; however, there were no documented objective findings on examination to support medical necessity. There is no demonstrated medical necessity for a BLE Electromyography (EMG) for the pain management of this patient. The request for the authorization of the EMG of the bilateral lower extremities was not supported with any objective clinical findings that would demonstrate a change in the neurological status of the patient or demonstrate neurological deficits in the lower extremities. The EMG was ordered to rule out pathology prior to the provision of a lumbar ESI; however, there was no rationale supported by objective evidence to support this rationale. There is no documented nerve impingement radiculopathy. There are no documented neurological findings that would suggest a nerve entrapment neuropathy in the clinical documentation to the BLEs. The motor and sensory examination was documented to be normal. There are no equivocal MRI findings demonstrating a possible nerve entrapment radiculopathy. The MRI was not assessed as equivocal to support the medical necessity of the electrodiagnostic testing.

NCV (Nerve conducting velocity) Of Bilateral Lower Extremities: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines ,Neck and low back chapter.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 303. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG).

Decision rationale: There is no objective evidence of any changes in the neurological status of the patient to warrant electrodiagnostic studies. The patient was documented to have a normal neurological examination other than reported subjective lateral leg numbness. There was no objective finding on examination of a sensory loss over a dermatomal distribution. There is no evidence of a nerve impingement radiculopathy on the two MRIs of the lumbar spine. The neurological examination was documented as normal. The MRI the lumbar spine fails to demonstrate a nerve impingement radiculopathy. The patient continues to complain of back pain. There were no demonstrated neurological deficits along a dermatomal distribution to the bilateral lower extremities (BLEs) that were reproducible on examination. The patient was not noted to have any changes in clinical status. The patient had some subjective complaints of radiculitis; however, there were no documented objective findings on examination to support medical necessity. There is no demonstrated medical necessity for a BLE nerve conduction study (NCS) for the pain management of this patient. The request for the authorization of the NCS of the

bilateral lower extremities was not supported with any objective clinical findings that would demonstrate a change in the neurological status of the patient or demonstrate neurological deficits in the lower extremities. There is no documented nerve impingement radiculopathy. There are no documented neurological findings that would suggest a nerve entrapment neuropathy in the clinical documentation to the BLEs. The motor and sensory examination was documented to be normal. There are no equivocal MRI findings demonstrating a possible nerve entrapment radiculopathy. The MRI was not assessed as equivocal to support the medical necessity of the electro diagnostic testing. Therefore the request is not medically necessary.