

Case Number:	CM13-0061184		
Date Assigned:	12/30/2013	Date of Injury:	06/03/2013
Decision Date:	03/27/2015	UR Denial Date:	11/13/2013
Priority:	Standard	Application Received:	12/04/2013

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. 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/Service. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

The Expert Reviewer has the following credentials:

State(s) of Licensure: Maryland

Certification(s)/Specialty: Internal Medicine, Rheumatology

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 injured worker is a 60 year old male who sustained an industrial injury on 6/3/13. He currently complains of moderate cervical pain with pins and needles sensation; moderate bilateral shoulder pain and lumbar back pain extending into his upper back. No medications were found. Diagnoses include post- concussion syndrome; cervical disc herniation with myelopathy; lumbar disc displacement without myelopathy; bursitis and tendinitis of bilateral shoulders and bilateral rotator cuff sprain/ strain. Current treatments were not available. Diagnostics include MRI cervical and lumbar spine. Progress note dated 10/30/13 indicates a request for acupuncture to decrease pain, decrease medication use and increase activities of daily living. In addition a Functional capacity Evaluation was requested. On 6/3/13 Utilization review non-certified the request for Acupuncture 2X3 and qualified functional capacity evaluation citing Acupuncture Medical treatment Guidelines, ODG and MTUS: Chronic Pain Medical Treatment Guidelines: Functional Improvement: Chapter 7 respectively.

IMR ISSUES, DECISIONS AND RATIONALES

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

ELECTRO ACUPUNCTURE 2X3 SESSIONS: Upheld

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

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 309.

Decision rationale: This 60 year old male has complained of neck pain, shoulder pain and low back pain since date of injury 6/3/13. He has been treated with physical therapy and medications. The current request is for electroacupuncture 2x3 sessions. Per the MTUS guidelines cited above, acupuncture is not recommended in the treatment of back pain. Further, the provider rationale for acupuncture treatment is not clearly documented. On the basis of the available medical documentation and per the MTUS guidelines cited above, acupuncture is not indicated as medically necessary.

FUNCTIONAL CAPACITY EVALUATION: QFCE: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation ACOEM GUIDELINES, CHAPTER 7, PAGES 137-138

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 300.

Decision rationale: This 60 year old male has complained of neck pain, shoulder pain and low back pain since date of injury 6/3/13. He has been treated with physical therapy and medications. The current request is for functional capacity evaluation. Per the MTUS guidelines cited above, a functional capacity evaluation is not recommended in the treatment of back pain. Further, there is no provider documentation discussing the rationale for the medical necessity of a functional capacity evaluation. On the basis of this lack of documentation and the cited MTUS guidelines, a functional capacity evaluation is not indicated as medically necessary.