

Case Number:	CM14-0198242		
Date Assigned:	01/07/2015	Date of Injury:	09/28/2012
Decision Date:	10/15/2015	UR Denial Date:	10/29/2014
Priority:	Standard	Application Received:	11/25/2014

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. 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: California

Certification(s)/Specialty: Preventive Medicine, Occupational Medicine

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 55-year-old female, who sustained an industrial injury on 9-28-2012. Diagnoses include thoracic spine sprain and strain, cervical spine MLDP, lumbar spine MLDP, tendinitis, osteoarthritis, bilateral hand and wrist subchondral cyst, right ribcage sprain and strain, hyperlipidemia, and sprain of shoulder and arm and sprain of neck. Treatment to date has included work modification, diagnostics, medications, acupuncture and physical therapy. Per the Primary Treating Physician's Progress Report dated 8-15-2014, the injured worker reported intermittent pain and stiffness that was improving. Cervical spine, thoracic spine, lumbar spine and bilateral shoulder pain was rated as 4 out of 10, bilateral wrist and hand pain were rated as 2 out of 10 and right rib pain was rated as 1 out of 10. Physical examination revealed limited range of motion of the cervical, thoracic and lumbar spine, a positive Kemp's test and negative straight leg raise test. The plan of care included, and authorization was requested on 8-15-2014 for a functional capacity evaluation for the lumbar and thoracic spine, neck, shoulder and arm, 12 sessions of acupuncture for the lumbar and thoracic spine, neck, shoulder and arm, pain management evaluation for the thoracic and lumbar spine, neurospine follow-up for the thoracic and lumbar spine and neck, and neck, and capsaicin patch.

IMR ISSUES, DECISIONS AND RATIONALES

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

12 sessions of infrared, electroacupuncture 15 minutes and Capsaicin patch (neck) between 9/22/14 and 12/8/14: Upheld

Claims Administrator guideline: Decision based on MTUS Acupuncture Treatment 2007.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain (Chronic), Electroacupuncture Low Back - Lumbar & Thoracic (Acute & Chronic), Infrared Heat Therapy.

Decision rationale: The Official Disability Guidelines do not recommended infrared therapy over other heat therapies. Where deep heating is desirable, providers may consider a limited trial of IR therapy for treatment of acute LBP, but only if used as an adjunct to a program of evidence-based conservative care (exercise). Heat therapies have not been shown to have any lasting benefit beyond the acute phase of symptom relief. Based on the patient's stated date of injury, the acute phase of the injury has passed. Electroacupuncture is not recommended by the Official Disability Guidelines. The evidence is insufficient to evaluate the effect of electroacupuncture on acute and chronic pain. In the only published RCT, use of the P-Stim device was not associated with improved pain management. Capsaicin topical is recommended only as an option in patients who have not responded or are intolerant to other treatments. The medical record contains no documentation that the patient is intolerant of unresponsive to other treatments. 12 sessions of infrared, electroacupuncture 15 minutes and Capsaicin patch (neck) between 9/22/14 and 12/8/14 is not medically necessary.

12 sessions (2-3 times weekly for 4 weeks) of infrared, electroacupuncture 15 minutes and Capsaicin patch (shoulder/arm) between 9/22/14 and 12/8/14: Upheld

Claims Administrator guideline: Decision based on MTUS Acupuncture Treatment 2007.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain (Chronic), Electroacupuncture Low Back - Lumbar & Thoracic (Acute & Chronic), Infrared Heat Therapy.

Decision rationale: The Official Disability Guidelines do not recommended infrared therapy over other heat therapies. Where deep heating is desirable, providers may consider a limited trial of IR therapy for treatment of acute LBP, but only if used as an adjunct to a program of evidence-based conservative care (exercise). Heat therapies have not been shown to have any lasting benefit beyond the acute phase of symptom relief. Based on the patient's stated date of injury, the acute phase of the injury has passed. Electroacupuncture is not recommended by the Official Disability Guidelines. The evidence is insufficient to evaluate the effect of electroacupuncture on acute and chronic pain. In the only published RCT, use of the P-Stim device was not associated with improved pain management. Capsaicin topical is recommended only as an option in patients who have not responded or are intolerant to other treatments. The medical record contains no documentation that the patient is intolerant of unresponsive to other treatments. 12 sessions (2-3 times weekly for 4 weeks) of infrared, electroacupuncture 15 minutes and Capsaicin patch (shoulder/arm) between 9/22/14 and 12/8/14 is not medically necessary.

12 sessions of infrared, electroacupuncture 15 minutes and Capsaicin patch (thoracic) between 9/22/14 and 12/8/14: Upheld

Claims Administrator guideline: Decision based on MTUS Acupuncture Treatment 2007.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Low Back - Lumbar & Thoracic (Acute & Chronic), Infrared Heat Therapy Pain (Chronic), Electroacupuncture.

Decision rationale: The Official Disability Guidelines do not recommended infrared therapy over other heat therapies. Where deep heating is desirable, providers may consider a limited trial of IR therapy for treatment of acute LBP, but only if used as an adjunct to a program of evidence-based conservative care (exercise). Heat therapies have not been shown to have any lasting benefit beyond the acute phase of symptom relief. Based on the patient's stated date of injury, the acute phase of the injury has passed. Electroacupuncture is not recommended by the Official Disability Guidelines. The evidence is insufficient to evaluate the effect of electroacupuncture on acute and chronic pain. In the only published RCT, use of the P-Stim device was not associated with improved pain management. Capsaicin topical is recommended only as an option in patients who have not responded or are intolerant to other treatments. The medical record contains no documentation that the patient is intolerant of unresponsive to other treatments. Therefore, the request is not medically necessary.

12 sessions of infrared, electroacupuncture 15 minutes and Capsaicin patch (lumbar) between 9/22/14 and 12/8/14: Upheld

Claims Administrator guideline: Decision based on MTUS Acupuncture Treatment 2007.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain (Chronic), Electroacupuncture Low Back - Lumbar & Thoracic (Acute & Chronic), Infrared Heat Therapy.

Decision rationale: The Official Disability Guidelines do not recommended infrared therapy over other heat therapies. Where deep heating is desirable, providers may consider a limited trial of IR therapy for treatment of acute LBP, but only if used as an adjunct to a program of evidence-based conservative care (exercise). Heat therapies have not been shown to have any lasting benefit beyond the acute phase of symptom relief. Based on the patient's stated date of injury, the acute phase of the injury has passed. Electroacupuncture is not recommended by the Official Disability Guidelines. The evidence is insufficient to evaluate the effect of electroacupuncture on acute and chronic pain. In the only published RCT, use of the P-Stim device was not associated with improved pain management. Capsaicin topical is recommended only as an option in patients who have not responded or are intolerant to other treatments. The medical record contains no documentation that the patient is intolerant of unresponsive to other treatments. 12 sessions of infrared, electroacupuncture 15 minutes and Capsaicin patch (lumbar) between 9/22/14 and 12/8/14 is not medically necessary.

Functional capacity evaluation - shoulder/arm - between 9/22/2014-12/8/2014: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Fitness For Duty, Functional capacity evaluation (FCE).

Decision rationale: The Official Disability Guidelines state that a functional capacity evaluation is appropriate if, complex issues and the timing hamper case management is appropriate; such as if the patient is close to being at maximum medical improvement or additional clarification concerning the patient's functional capacity is needed. Functional capacity evaluations are not needed if the sole purpose is to determine a worker's effort or compliance, or the worker has returned to work. There is no documentation in the medical record to support a functional capacity evaluation based on the above criteria. Functional capacity evaluation (shoulder/arm) between 9/22/2014-12/8/2014 is not medically necessary.

Functional capacity evaluation - neck - between 9/22/2014-12/8/2014: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Fitness For Duty, Functional capacity evaluation (FCE).

Decision rationale: The Official Disability Guidelines state that a functional capacity evaluation is appropriate if, complex issues and the timing hamper case management is appropriate; such as if the patient is close to being at maximum medical improvement or additional clarification concerning the patient's functional capacity is needed. Functional capacity evaluations are not needed if the sole purpose is to determine a worker's effort or compliance, or the worker has returned to work. There is no documentation in the medical record to support a functional capacity evaluation based on the above criteria. Functional capacity evaluation (neck) between 9/22/2014-12/8/2014 is not medically necessary.

Functional capacity evaluation - thoracic - between 9/22/2014-12/8/2014: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Fitness For Duty, Functional capacity evaluation (FCE).

Decision rationale: The Official Disability Guidelines state that a functional capacity evaluation is appropriate if, complex issues and the timing hamper case management is appropriate; such as if the patient is close to being at maximum medical improvement or additional clarification concerning the patient's functional capacity is needed. Functional capacity evaluations are not needed if the sole purpose is to determine a worker's effort or compliance, or the worker has returned to work. There is no documentation in the medical record to support a functional capacity evaluation based on the above criteria. Functional capacity evaluation (thoracic) between 9/22/2014-12/8/2014 is not medically necessary.

Functional capacity evaluation - lumbar - between 9/22/2014-12/8/2014: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Fitness For Duty, Functional capacity evaluation (FCE).

Decision rationale: The Official Disability Guidelines state that a functional capacity evaluation is appropriate if, case management is hampered by complex issues, and the timing is appropriate; such as if the patient is close to being at maximum medical improvement or additional clarification concerning the patient's functional capacity is needed. Functional capacity evaluations are not needed if the sole purpose is to determine a worker's effort or compliance, or the worker has returned to work. There is no documentation in the medical record to support a functional capacity evaluation based on the above criteria. Functional capacity evaluation (lumbar) between 9/22/2014-12/8/2014 is not medically necessary.

Initial high complexity pain management evaluation - neck - between 9/22/2014-12/8/2014: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Chronic Pain Disorder Medical Treatment Guidelines, State of Colorado Department of Labor and Employment, 04/27/2007, pg. 56.

Decision rationale: The California MTUS makes no recommendations regarding referral to a pain management specialist. Alternative guidelines have been referenced. The guidelines state that referral to a pain specialist should be considered when the pain persists but the underlying tissue pathology is minimal or absent and correlation between the original injury and the severity of impairment is not clear. Consider consultation if suffering and pain behaviors are present and the patient continues to request medication, or when standard treatment measures have not been successful or are not indicated. Initial high complexity pain management evaluation (neck) between 9/22/2014-12/8/2014 is not medically necessary.

Initial high complexity pain management evaluation - thoracic - between 9/22/2014-12/8/2014: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Chronic Pain Disorder Medical Treatment Guidelines, State of Colorado Department of Labor and Employment, 04/27/2007, pg. 56.

Decision rationale: The California MTUS makes no recommendations regarding referral to a pain management specialist. Alternative guidelines have been referenced. The guidelines state that referral to a pain specialist should be considered when the pain persists but the underlying tissue pathology is minimal or absent and correlation between the original injury and the severity of impairment is not clear. Consider consultation if suffering and pain behaviors are present and the patient continues to request medication, or when standard treatment measures have not been successful or are not indicated. Initial high complexity pain management evaluation (thoracic) between 9/22/2014-12/8/2014 is not medically necessary.

Initial high complexity pain management evaluation - lumbar - between 9/22/2014-12/8/2014: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Chronic Pain Disorder Medical Treatment Guidelines, State of Colorado Department of Labor and Employment, 04/27/2007, pg. 56.

Decision rationale: The California MTUS makes no recommendations regarding referral to a pain management specialist. Alternative guidelines have been referenced. The guidelines state that referral to a pain specialist should be considered when the pain persists but the underlying tissue pathology is minimal or absent and correlation between the original injury and the severity of impairment is not clear. Consider consultation if suffering and pain behaviors are present and the patient continues to request medication, or when standard treatment measures have not been successful or are not indicated. Initial high complexity pain management evaluation (lumbar) between 9/22/2014-12/8/2014 is not medically necessary.

Neurospine low complexity follow up and moderate complexity follow up - neck - between 9/22/2014-12/8/2014: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines.

MAXIMUS guideline: Decision based on MTUS Neck and Upper Back Complaints 2004, Section(s): Physical Examination, Follow-up Visits.

Decision rationale: The ACOEM guidelines and the Official Disability Guidelines were both reviewed in regards to follow-up visits. Each reference deals primarily with the acute aspects of an injury. The typical timeframe for follow-up visits in a chronic injury is 3-6 months. Based on the patient's stated date of injury, the acute phase of the injury has passed. There is no documentation as to why such frequent visits for follow-up would be required. Neurospine low complexity follow up and moderate complexity follow up (neck) between 9/22/2014-12/8/2014 is not medically necessary.

Neurospine low complexity follow up and moderate complexity follow up - thoracic - between 9/22/2014-12/8/2014: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines.

MAXIMUS guideline: Decision based on MTUS Neck and Upper Back Complaints 2004, Section(s): Follow-up Visits, Physical Examination.

Decision rationale: The ACOEM guidelines and the Official Disability Guidelines were both reviewed in regards to follow-up visits. Each reference deals primarily with the acute aspects of an injury. The typical timeframe for follow-up visits in a chronic injury is 3-6 months. Based on the patient's stated date of injury, the acute phase of the injury has passed. There is no documentation as to why such frequent visits for follow-up would be required. Neurospine low complexity follow up and moderate complexity follow up (thoracic) between 9/22/2014-12/8/2014 is not medically necessary.

Neurospine low complexity follow up and moderate complexity follow up - lumbar - between 9/22/2014-12/8/2014: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines.

MAXIMUS guideline: Decision based on MTUS Low Back Complaints 2004, Section(s): Physical Examination, Follow-up Visits.

Decision rationale: The ACOEM guidelines and the Official Disability Guidelines were both reviewed in regards to follow-up visits. Each reference deals primarily with the acute aspects of an injury. The typical timeframe for follow-up visits in a chronic injury is 3-6 months. Based on the patient's stated date of injury, the acute phase of the injury has passed. There is no documentation as to why such frequent visits for follow-up would be required. Neurospine low complexity follows up and moderate complexity follow up (lumbar) between 9/22/2014-12/8/2014 is not medically necessary.