

<b>Case Number:</b>	CM14-0077607		
<b>Date Assigned:</b>	07/18/2014	<b>Date of Injury:</b>	02/27/2013
<b>Decision Date:</b>	02/11/2015	<b>UR Denial Date:</b>	04/30/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	05/27/2014

### 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 Internal 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 injured worker (IW) is a 24-year-old woman with a date of injury of February 27, 2013. The mechanism of injury was not documented in the medical record. The injured worker's working diagnoses are lumbar strain, rule out herniated lumbar disc with radiculitis; cephalgia; and symptoms an anxiety and depression. Pursuant to the progress note dated March 12, 2014, the IW complains of pain in the lower back. Examination of the lumbar spine reveals range of motion: flexion 55 degrees, extension 20 degrees, lateral bending on the right 20 degrees and on the left 20 degrees. There are no other physical findings documented. According to documentation, the IW started a course of physical therapy to the lumbar spine on November 20, 2013. The total number of physical therapy sessions was not documented. There was no objective functional improvement associated with prior therapy. The treating physician is requesting functional capacity evaluation, physical therapy once a week for 6 weeks, and acupuncture once a week for 6 weeks.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Functional Capacity Evaluation:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation American College of Occupational and Environmental Medicine, 2nd Edition, Chapter 7 Independent Medical Examinations and Consultations (pp 132-139)

**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), 2nd Edition, (2004); Chapter 7, page 127-128

**Decision rationale:** Pursuant to the ACOEM, functional capacity evaluation is not medically necessary. The guidelines state the examiner is responsible for determining whether the impairment results of functional limitations and to inform the examinee and employer about examinees abilities and limitations. The physician should state whether the work restrictions are based on limited capacity, risk of harm or subjective examinee's tolerance for the activity in question. There is little scientific evidence confirming functional capacity evaluations predict an individual's actual capacity to perform in the workplace. For these reasons, it is problematic to rely solely upon functional capacity evaluation results for determination of current work capabilities and restrictions. In this case, the injured worker's working diagnoses from a March 12, 2014 progress note our lumbar strain, rule out a herniated lumbar disc with radiculitis; Cephalgia; and symptoms of anxiety and depression. The treating physician, in the treatment plan, requested a functional capacity evaluation to determine the patient's functional capacity. There is little scientific evidence confirming functional capacity evaluations predict an individual's actual capacity to perform in the workplace. For these reasons, as noted above in the guidelines, it is problematic to rely solely upon functional capacity evaluation results for determination of current work capabilities and restrictions. Consequently, functional capacity evaluation is not medically necessary.

**Acupuncture 2 times a week for 6 weeks 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 based on Non-MTUS Citation Official Disability Guidelines (ODG); Low Back Section, Acupuncture.

**Decision rationale:** Pursuant to the Acupuncture Medical Treatment Guidelines and Official Disability Guidelines, decision for acupuncture two times a week for six weeks (12 sessions) to the lumbar spine is not medically necessary. The Official Disability Guidelines enumerate the frequency and duration of acupuncture to the low back. They recommend an initial trial of 3 to 4 visits over two weeks. With evidence of objective functional improvement, a total of 8 to 12 visits over 4-6 weeks may be indicated. Acupuncture is an option when pain medication is reduced or not tolerated. It may be used as an adjunct to physical rehabilitation and/or surgical intervention to hasten recovery. In this case, the injured worker's working diagnoses from a March 12, 2014 progress note our lumbar strain, rule out a herniated lumbar disc with radiculitis; cephalgia; and symptoms of anxiety and depression. There is a single progress note in the medical record dated March 12, 2014. The documentation does not state whether there was prior acupuncture rendered to the injured worker. Physical therapy was given but, the number of visits and frequency of visits is not documented. Additionally, the guidelines recommend an initial trial of 3 to 4 visits over two weeks. The treating physician requested 12 sessions. Consequently,

absent the appropriate clinical information with acupuncture treatments (if rendered) with evidence of objective functional improvement, acupuncture two times a week for six weeks (12 sessions) the lumbar spine is not medically necessary.