

Case Number:	CM15-0131619		
Date Assigned:	07/17/2015	Date of Injury:	01/06/2014
Decision Date:	08/19/2015	UR Denial Date:	06/10/2015
Priority:	Standard	Application Received:	07/07/2015

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: Physical Medicine & Rehabilitation, Pain Management

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 36-year-old male, who sustained an industrial injury on 1/6/14. Initial complaints were of the lumbar spine, inguinal area, left wrist, left hand and left knee. The injured worker was diagnosed as having cervical spine sprain/strain; left wrist sprain/strain; left wrist carpal tunnel syndrome; left wrist internal derangement; lumbar spine sprain/strain; lumbar spine referral pain to left lower extremity; lumbar spine HNP; lumbar spine myospasm; left knee sprain/strain; left knee internal derangement. Treatment to date has included physical therapy; medications. Diagnostics studies included MRI lumbar spine (4/8/14). Currently, the PR-2 notes dated 5/19/15 indicated the injured worker complains of left wrist/hand pain aggravated by gripping, grasping, especially with forceful rotation. He has thoracic spine pain and constant lumbosacral spine pain with cramping pain in the bilateral lower extremities produced by bending and stooping. He has left knee pain that is aggravated by ascending and descending stairs with numbness and tingling provoked by sitting and there is pain when arising from a seated position. Objective findings note decreased range of motion of the left wrist/hands with slight to moderate pain with range of motion. There is a positive Phalen's, Tinel's and Finkelstein's test on the left. There is pain in the midline at L3-S2 spinal segments bilaterally. There is a +1 pain in the lumbar paraspinal musculature and tenderness to palpation in the bilateral pelvis area. Lasegue's differential and Eli's test are moderately positive bilaterally. The left knee has pain in the distal aspect of the left patella laterally and medially. He has decreased range of motion with flexion at 80 degrees and slight to moderate pain with range of motion. McMurray's test with internal and external rotation is positive on the left. The provider references a MRI of the lumbar spine noting an impression of L5-S1 disc level dehiscence of the nucleus pulposus indenting the anterior portion of the lumbosacral sac causing minimal decrease in the AP sagittal diameter of the lumbosacral canal. It is exacerbated by mild thickening of the ligamentum flavum. There is noted mild hypertrophy of the posterior arch. The lateral recesses

are clear and the neural foramina appear patent. The provider is requesting authorization of acupuncture 8 sessions for the lumbar spine; physical therapy 8 sessions for the left wrist; specialty referral for pain management; and functional capacity test.

IMR ISSUES, DECISIONS AND RATIONALES

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

Acupuncture, 2x4 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) Chronic Pain Chapter, Acupuncture.

Decision rationale: Regarding the request for acupuncture, California MTUS does support the use of acupuncture for chronic pain. Acupuncture is recommended to be used as an adjunct to physical rehabilitation and/or surgical intervention to hasten functional recovery. Additional use is supported when there is functional improvement documented, which is defined as "either a clinically significant improvement in activities of daily living or a reduction in work restrictions" and a reduction in the dependency on continued medical treatment". A trial of up to 6 sessions is recommended, with up to 24 total sessions supported when there is ongoing evidence of functional improvement. Within the documentation available for review, the current request for 8 visits exceeds the 6 visit trial recommended by guidelines. Unfortunately, there is no provision to modify the current request. As such, the currently requested acupuncture is not medically necessary.

Physical therapy, 2x4 for the left wrist: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), physical medicine guidelines.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 11 Forearm, Wrist, and Hand Complaints Page(s): 265. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Forearm, Wrist, and Hand Chapter, Physical Therapy.

Decision rationale: Regarding the request for physical therapy, Chronic Pain Medical Treatment Guidelines recommend a short course of active therapy with continuation of active therapies at home as an extension of the treatment process in order to maintain improvement levels. ODG has more specific criteria for the ongoing use of physical therapy. ODG recommends a trial of physical therapy. If the trial of physical therapy results in objective functional improvement, as well as ongoing objective treatment goals, then additional therapy may be considered. Within the documentation available for review, the request exceeds the amount of PT recommended as a trial by the CA MTUS and, unfortunately, there is no provision for modification of the current request. In the absence of such documentation, the current request for physical therapy is not medically necessary.

Specialty Referral: pain management: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation ACOEM Practice Guidelines, Chapter 7: Independent Medical Examinations and Consultations, page 127 and on the Non-MTUS Official Disability Guidelines (ODG), evaluation and management (E&M).

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation x American College of Occupational and Environmental Medicine (ACOEM), 2nd Edition, (2004) Occupational Medicine Practice Guidelines, Independent Medical Examinations and Consultations Chapter, Page 127x Other Medical Treatment Guideline or Medical Evidence: State of Colorado, Chronic Pain Disorder Medical Treatment Guidelines, Exhibit Page Number 52.

Decision rationale: Regarding the request for referral to pain management for consultation and treatment, California MTUS does not address this issue. ACOEM supports consultation if a diagnosis is uncertain or extremely complex, when psychosocial factors are present, or when the plan or course of care may benefit from additional expertise. Within the documentation available for review, it does not appear the patient has exhausted conservative treatment options prior to the request for consultation. Therefore, it is unclear exactly what the consultant would be requested to evaluate the patient for. In the absence of clarity regarding those issues, the currently requested referral to pain management for consultation and treatment is not medically necessary.

Functional Capacity Test: Upheld

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

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 1 Prevention Page(s): 12. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Fitness for Duty Chapter, Functional Capacity Evaluation.

Decision rationale: Regarding request for functional capacity evaluation, Occupational Medicine Practice Guidelines state that there is not good evidence that functional capacity evaluations are correlated with a lower frequency of health complaints or injuries. ODG states that functional capacity evaluations are recommended prior to admission to a work hardening program. The criteria for the use of a functional capacity evaluation includes case management being hampered by complex issues such as prior unsuccessful return to work attempts, conflicting medical reporting on precautions and/or fitness for modified job, or injuries that require detailed explanation of a worker's abilities. Additionally, guidelines recommend that the patient be close to or at maximum medical improvement with all key medical reports secured and additional/secondary conditions clarified. Within the documentation available for review, there is no indication that there has been prior unsuccessful return to work attempts, conflicting medical reporting, or injuries that would require detailed exploration. In the absence of clarity regarding those issues, the currently requested functional capacity evaluation is not medically necessary.