

<b>Case Number:</b>	CM15-0132397		
<b>Date Assigned:</b>	07/10/2015	<b>Date of Injury:</b>	06/19/2014
<b>Decision Date:</b>	08/18/2015	<b>UR Denial Date:</b>	06/04/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	06/24/2015

### 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: Texas, Florida, 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 47 year old male, who sustained an industrial injury on June 19, 2014, incurring neck, shoulder, upper extremities and back injuries. He was diagnosed with a cervical sprain, thoracic sprain, lumbar sprain, shoulder sprain, forearm sprain, bilateral epicondylitis and trigger finger tenosynovitis. Treatment included physical therapy, acupuncture, anti-inflammatory drugs, pain medications, antianxiety medications and work modifications and restrictions. Currently, the injured worker complained of persistent back, neck and shoulder pain radiating down into the forearms and hands. He noted limited range of motion with numbness and tingling in both upper extremities. The treatment plan that was requested for authorization included a prescription for Xanax, blood testing, acupuncture sessions for the low back, neck and bilateral shoulders and an initial functional capacity evaluation.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Serum glucose:** Upheld

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

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation <http://www.nlm.nih.gov/health/health-topics/topics/bdt/>. National Library of Medicine.

**Decision rationale:** This claimant was injured over a year ago, diagnosed with a cervical sprain, thoracic sprain, lumbar sprain, shoulder sprain, forearm sprain, bilateral epicondylitis and trigger finger tenosynovitis. Treatment included physical therapy, acupuncture, anti-inflammatory drugs, pain medications, antianxiety medications and work modifications and restrictions. There is persistent back, neck and shoulder pain. The MTUS and ODG are silent on blood tests. Other resources were examined. The National Institutes of Health notes that blood tests check for certain diseases and conditions, the function of your organs, show how well treatments are working, diagnose diseases and conditions such as cancer, HIV/AIDS, diabetes, anemia, and coronary heart disease, find out if there are risk factors for heart disease, check whether medicines are working, or if blood is clotting. In this case, the doctor does not disclose the basis for the glucose level; and it is not clear the impact on improving the patient's functionality post injury. There was insufficient information to do a valid review of clinical necessity of the proposed service. The request is appropriate non-certified under the medical sources reviewed. Therefore, the requested treatment is not medically necessary.

**Xanax 0.5mg #60:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines.

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain section, under Benzodiazepines.

**Decision rationale:** As noted, this claimant was injured over a year ago, diagnosed with a cervical sprain, thoracic sprain, lumbar sprain, shoulder sprain, forearm sprain, bilateral epicondylitis and trigger finger tenosynovitis. Treatment included physical therapy, acupuncture, anti-inflammatory drugs, pain medications, antianxiety medications and work modifications and restrictions. There is persistent back, neck and shoulder pain. The current California web-based MTUS collection was reviewed in addressing this request. The guidelines are silent in regards to this request. Therefore, in accordance with state regulation, other evidence-based or mainstream peer-reviewed guidelines will be examined. Regarding benzodiazepine medications, the ODG notes in the Pain section: Not recommended for long-term use because long-term efficacy is unproven and there is a risk of psychological and physical dependence or frank addiction. Most guidelines limit use to 4 weeks. In this case, it appears the usage is long term, which is unsupported in the guidelines. The objective benefit from the medicine is not disclosed. The side effects are not discussed. The request is appropriately non-certified following the evidence-based guideline. Therefore, the requested treatment is not medically necessary.

**Acupuncture x 8 for the neck, low back & bilateral shoulders:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS Acupuncture Treatment Guidelines.

**Decision rationale:** As shared, this claimant was injured over a year ago, diagnosed with a cervical sprain, thoracic sprain, lumbar sprain, shoulder sprain, forearm sprain, bilateral epicondylitis and trigger finger tenosynovitis. Treatment included physical therapy, acupuncture, anti-inflammatory drugs, pain medications, antianxiety medications and work modifications and restrictions. There is persistent back, neck and shoulder pain. The MTUS notes frequency and duration of acupuncture or acupuncture may be up to 6 treatments to confirm functional improvement. Acupuncture treatments may be extended only if true functional improvement is documented as defined in Section 9792.20(f). This frequency and duration requested is above guides as to what may be effective, and there is no objective documentation of effective functional improvement in the claimant. The sessions were appropriately non-certified under the MTUS Acupuncture criteria. Therefore, the requested treatment is not medically necessary.

**Initial functional capacity evaluation:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 48.

**Decision rationale:** This claimant was injured over a year ago, diagnosed with a cervical sprain, thoracic sprain, lumbar sprain, shoulder sprain, forearm sprain, bilateral epicondylitis and trigger finger tenosynovitis. Treatment included physical therapy, acupuncture, anti-inflammatory drugs, pain medications, antianxiety medications and work modifications and restrictions. There is persistent back, neck and shoulder pain. Chronic Pain Medical Treatment guidelines, page 48 note that a functional capacity evaluation (FCE) should be considered when necessary to translate medical impairment into functional limitations and determine return to work capacity. There is no evidence that this is the plan in this case. The MTUS also notes that such studies can be done to further assess current work capability. But, there is little scientific evidence confirming that FCEs predict an individual's actual capacity to perform in the workplace; an FCE reflects what an individual can do on a single day, at a particular time, under controlled circumstances, that provide an indication of that individual's abilities. Little is known about the reliability and validity of these tests and more research is needed. The ODG notes that several criteria be met. I did in this case find prior unsuccessful return to work attempts, or the case's relation to being near a Maximal Medical Improvement declaration. Initial or baseline FCEs are not mentioned, as the guides only speak of them as being appropriate at the end of care. The case did not meet this timing criterion. For these reasons, this request was appropriately non-certified. Therefore, the requested treatment is not medically necessary.