

Case Number:	CM15-0190160		
Date Assigned:	10/02/2015	Date of Injury:	08/14/2013
Decision Date:	11/10/2015	UR Denial Date:	08/27/2015
Priority:	Standard	Application Received:	09/28/2015

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, Indiana, New York
 Certification(s)/Specialty: Internal 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:

This 37 year old female sustained an industrial injury on 8-14-13. Documentation indicated that the injured worker was receiving treatment for lumbago, right shoulder impingement and cervical spine sprain and strain. Previous treatment included right shoulder rotator cuff repair, acupuncture, injections, psychological care and medications. The number of acupuncture sessions was not clear. In a progress note dated 6-10-15, the injured worker complained of "severe" neck pain with radiation to bilateral shoulders and severe low back pain with radiation to bilateral legs, rated 8 out of 10 on the visual analog scale. The injured worker stated that her neck and shoulder area was swollen and that she was not able to perform any kind of range of motion due to severe pain all around. Physical exam was remarkable for tenderness to palpation to the cervical and lumbar paraspinal musculature, trapezius and anterior acromial margin with "diminished" range of motion with muscle guarding of the cervical spine and lumbar spine. The treatment plan included completing acupuncture, follow up with psychology, requesting authorization for acupuncture one to two times a week for six weeks for the neck and low back and medications (Naproxen Sodium, Prilosec and Menthoderm). In a progress note dated 8-5-15, objective and subjective complaints were exactly the same. The treatment plan included follow up with psychology, requesting acupuncture for the neck and low back, follow up with pain management for medications, a functional capacity evaluation and magnetic resonance imaging of the right shoulder, cervical spine and lumbar spine. On 8-27-15, Utilization Review noncertified a request for acupuncture one to two times a week for six weeks for the neck and low back.

IMR ISSUES, DECISIONS AND RATIONALES

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

Acupuncture 1-2 times a week for six weeks for neck and low back: 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) Neck and back sections, Acupuncture.

Decision rationale: Pursuant to the Acupuncture Medical Treatment Guidelines and the Official Disability Guidelines, acupuncture 1 to 2 times per week for 6 weeks to the neck and low back is not medically necessary. Acupuncture is not recommended for acute low back pain. Acupuncture is recommended as an option for chronic low back pain using a short course of treatment in conjunction with other interventions. The Official Disability Guidelines provide for an initial trial of 3-4 visits over two weeks. With evidence of objective functional improvement, a total of up to 8 to 12 visits over 4 to 6 weeks may be indicated. The evidence is inconclusive for repeating this procedure beyond an initial short period. In this case, the injured worker's working diagnoses are cervical, lumbar spine strain; right shoulder strain; right shoulder impingement/bursitis; status post right shoulder A/S, SAD, debridement partial RTC tear November 6, 2014; headache, anxiety and depression. According to a July 8, 2015 progress note, subjective complaints include neck pain radiating to the bilateral shoulders. There is pain with range of motion. Pain score is 8/10. Objectively, there is tenderness to palpation at the cervical paraspinals and trapezius muscles. There are tender lumbar paraspinals with decreased range of motion. Range of motion is limited at the lumbar spine and the shoulder. The treatment plan contains a request for acupuncture one-two times per week times six weeks to the neck and low back and permanent and stationary paperwork, functional capacity evaluation. The utilization review indicates the injured worker received acupuncture in the past. Additional acupuncture was approved on May 12, 2015. The total number of acupuncture sessions is not specified. The agreed upon medical examination (AME) did not recommend additional acupuncture. There are no compelling clinical facts indicating additional acupuncture is clinically indicated. Based on clinical information in the medical record, peer-reviewed evidence-based guidelines, no documentation indicating the total number of acupuncture sessions to date and documentation demonstrating objective functional improvement, acupuncture 1 to 2 times per week for 6 weeks to the neck and low back is not medically necessary.

Functional Capacity Evaluation: 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 Official Disability Guidelines (ODG) Pain section, Functional capacity evaluation.

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 from functional limitations and to inform the examinee and the employer about the examinee's abilities and limitations. The physician should state whether work restrictions are based on limited capacity, risk of harm or subjective examinees tolerance for the activity in question. There is little scientific evidence confirming functional capacity evaluations to 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. The guidelines indicate functional capacity evaluations are recommended to translate medical impairment into functional limitations and determine work capability. Guideline criteria functional capacity evaluations include prior unsuccessful return to work attempts, conflicting medical reporting on precautions and/or fitness for modify job, the patient is close to maximum medical improvement, and clarification any additional secondary conditions. FCEs are not indicated when the sole purpose is to determine the worker's effort for compliance with the worker has returned to work and an ergonomic assessment has not been arranged. In this case, the injured worker's working diagnoses are cervical, lumbar spine strain; right shoulder strain; right shoulder impingement/bursitis; status post right shoulder A/S, SAD, debridement partial RTC tear November 6, 2014; headache, anxiety and depression. According to a July 8, 2015 progress note, subjective complaints include neck pain radiating to the bilateral shoulders. There is pain with range of motion. Pain score is 8/10. Objectively, there is tenderness to palpation at the cervical paraspinals and trapezius muscles. There are tender lumbar paraspinals with decreased range of motion. Range of motion is limited at the lumbar spine and the shoulder. The treatment plan contains a request for acupuncture one-two times per week times six weeks to the neck and low back and permanent and stationary paperwork, functional capacity evaluation. The utilization review indicates the injured worker received acupuncture in the past. There is no documentation of prior unsuccessful return to work attempts. There is no job description documented in the medical record. There is no clinical rationale for a functional capacity evaluation and medical record. Based on clinical information in the medical record, peer-reviewed evidence-based guidelines, no documentation of prior unsuccessful return to work attempts and no clinical rationale for a functional capacity evaluation, functional capacity evaluation is not medically necessary.