

Case Number:	CM15-0035036		
Date Assigned:	03/03/2015	Date of Injury:	05/03/2012
Decision Date:	04/08/2015	UR Denial Date:	02/18/2015
Priority:	Standard	Application Received:	02/24/2015

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: Arizona, California
 Certification(s)/Specialty: Family Practice

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 50 year old female, who sustained an industrial injury reported on 5/3/2012. She reported severe lumbar spine pain, and moderate hernia pain. The diagnoses were noted to include thoracic or lumbosacral neuritis or radiculitis; displacement of lumbar intervertebral disc without myelopathy; lumbago - low back pain; low back syndrome - lumbalgia; rule-out facet syndrome; and inguinal hernia. Post-operative appendectomy was also noted as a diagnosis, date not provided. Treatments to date have included consultations; diagnostic imaging studies; and medication management. The work status classification for this injured worker (IW) was noted to have been remained on modified and restricted duties. On 2/18/2015, Utilization Review (UR) non-certified, for medical necessity, the request, made on 1/27/2015, for a final functional capacity evaluation; acupuncture, 2 x a week x 6 weeks for the lumbar spine; and work conditioning, 2 x a week x 6 weeks, for the lumbar spine. The Official Disability Guidelines, guidelines for functional capacity evaluation, low back - lumbar & thoracic (acute & chronic); the Medical Treatment Utilization Schedule, chronic pain medical management guidelines, acupuncture guidelines, work conditioning treatment guidelines, low back complaints; and the American College of Occupational and Environmental Medicine, chapter 12, were cited.

IMR ISSUES, DECISIONS AND RATIONALES

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

Acupuncture 2 times a week for 6 weeks lumbar spine: Upheld

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

MAXIMUS guideline: Decision based on MTUS Acupuncture Treatment Guidelines.

Decision rationale: "Acupuncture" is used as 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 functional recovery. It takes 3-6 sessions to see functional improvement. In this case the response to initial treatments unknown. The treatment is considered an option. The request exceeds the amount necessary to determine benefit. The request for 12 sessions of acupuncture is not medically necessary.

Final functional capacity evaluation: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG); Work Loss Data Institute, LLC; Corpus Christi, TX; www.odg-twc.com; Section: Low Back-Lumbar & Thoracic (Acute & Chronic) (updated 01/30/2015).

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

Decision rationale: According to the guidelines, activities at work that increase symptoms need to be reviewed and modified. A functional capacity evaluation is indicated when information is required about a worker's functional abilities that is not available through other means. It is recommended that wherever possible should reflect a worker's capacity to perform the physical activities that may be involved in jobs that are potentially available to the worker. In this case there is no mention of returning to work or description of work duties that require specific evaluation. No documentation on work hardening is provided and it is requested as noted in the request above. In addition, the claimant had undergone prior FCE evaluation. As a result, a final functional capacity evaluation is not medically necessary at this time.

Work conditioning 2 times a week for 6 weeks lumbar spine: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Work hardening Page(s): 125.

Decision rationale: Recommended as an option, depending on the availability of quality programs. Criteria for admission to a Work Hardening Program: (1) Work related musculoskeletal condition with functional limitations precluding ability to safely achieve current

job demands, which are in the medium or higher demand level (i.e., not clerical/sedentary work). An FCE may be required showing consistent results with maximal effort, demonstrating capacities below an employer verified physical demands analysis (PDA). (2) After treatment with an adequate trial of physical or occupational therapy with improvement followed by plateau, but not likely to benefit from continued physical or occupational therapy, or general conditioning. (3) Not a candidate where surgery or other treatments would clearly be warranted to improve function. (4) Physical and medical recovery sufficient to allow for progressive reactivation and participation for a minimum of 4 hours a day for three to five days a week. (5) A defined return to work goal agreed to by the employer & employee: (a) A documented specific job to return to with job demands that exceed abilities, OR (b) Documented on-the-job training. (6) The worker must be able to benefit from the program (functional and psychological limitations that are likely to improve with the program). Approval of these programs should require a screening process that includes file review, interview and testing to determine likelihood of success in the program. (7) The worker must be no more than 2 years past date of injury. Workers that have not returned to work by two years post injury may not benefit. (8) Program timelines: Work Hardening Programs should be completed in 4 weeks consecutively or less. (9) Treatment is not supported for longer than 1-2 weeks without evidence of patient compliance and demonstrated significant gains as documented by subjective and objective gains and measurable improvement in functional abilities. (10) Upon completion of a rehabilitation program (e.g. work hardening, work conditioning, outpatient medical rehabilitation) neither re-enrollment in nor repetition of the same or similar rehabilitation program is medically warranted for the same condition or injury. Recommendation is: 10 visits over 8 weeks. In this case, the work hardening is considered an option. The guidelines recommend up to 10 visits. The request was for 12 sessions. The work hardening as request above is not medically necessary.