

|                       |              |                              |            |
|-----------------------|--------------|------------------------------|------------|
| <b>Case Number:</b>   | CM14-0129778 |                              |            |
| <b>Date Assigned:</b> | 09/22/2014   | <b>Date of Injury:</b>       | 01/26/2013 |
| <b>Decision Date:</b> | 10/23/2014   | <b>UR Denial Date:</b>       | 07/25/2014 |
| <b>Priority:</b>      | Standard     | <b>Application Received:</b> | 08/14/2014 |

### 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 Physical Medicine and Rehabilitation 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 is a 48-year-old female who reported an injury on 01/26/2013 caused by an unspecified mechanism. The injured worker's treatment history included EMG/NCV studies, MRI of the cervical spine, over the counter medication, and physical therapy. The injured worker was evaluated on 07/09/2014 and it was documented the injured worker complained of cervical spine, lumbar spine, and bilateral shoulder pain. Objective findings: cervical; there was +3 spasm and tenderness to the bilateral paraspinal muscles from C2-7, bilateral sub occipital muscles, and bilateral upper shoulder muscles; cervical range of motion was measured by an external goniometer or digital protractor. Axial compression test was positive bilaterally for neurological compromise. Distraction test was positive bilaterally. Shoulder depression test was positive bilaterally. Lumbar; there was +3 spasm and tenderness to the bilateral lumbar paraspinal muscles from L1-S1 and multifidus. Lumbar range of motion was measured by an external goniometer or digital protractor. Kemp's test was positive bilaterally. Yeoman's test was positive bilaterally. Shoulders; there was +3 spasm and tenderness to the bilateral shoulder muscles and bilateral rotator cuff muscles. Codman's test was positive on the right. Speed's test was positive bilaterally. Supraspinatus test was positive bilaterally. Diagnoses included R/O cervical disc herniation without myelopathy, partial tear of rotator cuff tendon of right shoulder, cervical sprain/strain, lumbar sprain/strain, and rotator cuff sprain/strain of the left shoulder. Request for Authorization, dated 07/09/2014, was for acupuncture for the cervical and lumbar spine, work conditioning/hardening screening, qualified Functional Capacity Evaluation, and psychosocial factor screening.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Acupuncture 3x2 cervical, lumbar:** Upheld

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

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

**Decision rationale:** The request for acupuncture 3X2 cervical, lumbar is not medically necessary. Per the Acupuncture Medical Treatment Guidelines, it is stated Acupuncture Medical Treatment Guidelines state that "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 is the insertion and removal of filiform needles to stimulate acupoints (acupuncture points). Needles may be inserted, manipulated, and retained for a period of time. Acupuncture can be used to reduce pain, reduce inflammation, increase blood flow, increase range of motion, decrease the side effect of medication-induced nausea, promote relaxation in an anxious patient, and reduce muscle spasm. The guidelines state that the frequency and duration of acupuncture with electrical stimulation may be performed to produce functional improvement for up to 3 to 6 treatments no more than 1 to 3 times per week with duration of 1 to 2 months. Acupuncture treatments may be extended if functional improvement is documented. The provider failed to include physical therapy and outcome measures for the injured worker. Additionally, the provider failed to indicate the injured worker's long term functional goals and as such, the request for acupuncture 3X2 cervical, lumbar is not medically necessary.

**Work conditioning / hardening screening (one evaluation):** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Work Conditioning, Work Hardening Page(s): 125.

**Decision rationale:** The requested is not medically necessary. The California MTUS Guidelines state that work hardening is recommended as an option depending on the availability of quality programs. The criteria for admission to the work hardening program include the following: (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; and (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. The provider failed to include long-term functional improvement goals were not submitted for this review. In addition, it was documented the injured worker had prior sessions of physical therapy sessions; however, the outcome measurements were not provided. Given the above, work conditioning/hardening screening (one evaluation) is not medically necessary.

**Qualified functional capacity (one 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) Functional Capacity Evaluation Chronic Pain

**Decision rationale:** The request for the functional capacity evaluation is not medically necessary. In the Official Disability Guidelines state that a functional capacity evaluation is recommended prior to admission a work hardening program, with reference for assessments tailored to specific task or job. It also states if a worker is actively participating in determining the suitability of a particular job, the functional capacity evaluation is more likely to be successful. A functional capacity evaluation is not effective when the referral is less collaborative and more directive. Per the Official Disability guidelines to consider a functional capacity evaluation would be prior unsuccessful return to work attempts, conflicting medical reporting on precautions and/or fitness for modified job all key medical reports and conditions are clarified and MMI/ all key medical reports are secured. There is lack of evidence provided on 07/09/2014 why the injured worker needs a functional capacity evaluation. There is no evidence of a complex issues in the documented provided preventing the injured worker to return back to work. In addition, there were no outcome measurements indicating the injured worker had failed conservative care such as, physical therapy, functional limitations medication treatment. Therefore, the request for qualified functional capacity (one evaluation) is not medically necessary.

**Psychosocial factors screening per chronic pain. (one eval): Upheld**

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Psychological Evaluation Page(s): 100-101.

**Decision rationale:** The requested is not medically necessary. Chronic Pain Medical Treatment Guidelines recommends psychological evaluations Psychological evaluations are generally accepted, well-established diagnostic procedures not only with selected use in pain problems, but also with more widespread use in chronic pain populations. Diagnostic evaluations should distinguish between conditions that are preexisting, aggravated by the current injury or work related. Psychosocial evaluations should determine if further psychosocial interventions are indicated. The interpretations of the evaluation should provide clinicians with a better understanding of the patient in their social environment, thus allowing for more effective rehabilitation. For the evaluation and prediction of patients who have a high likelihood of developing chronic pain, a study of patients who were administered a standard battery psychological assessment test found that there is a psychosocial disability variable that is associated with those injured workers who are likely to develop chronic disability problems. Childhood abuse and other past traumatic events were also found to be predictors of chronic pain patients. Another trial found that it appears to be feasible to identify patients with high levels of risk of chronic pain and to subsequently lower the risk for work disability by administering a cognitive-behavioral intervention focusing on psychological aspects of the pain problem. There was lack of documentation of self-directed treatment for the psychological overlay for the injured worker's orthopedic conditions. This should include modalities such as deep breathing exercises and home exercise program. There was also no documentation of chronic pain syndrome. Therefore, the request for Psychosocial factors screening per chronic pain (one evaluation) is not medically necessary.