MAXIMUS Federal Services

Case Number:	CM14-0138031		
Date Assigned:	09/05/2014	Date of Injury:	10/22/2012
Decision Date:	10/07/2014	UR Denial Date:	08/15/2014
Priority:	Standard	Application Received:	08/26/2014

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, has a subspecialty in Interventional Spine 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 patient is a 41-year-old male with an injury date of 10/22/2012. Based on the 06/16/2014 progress report, the patient complains of having low back pain, right shoulder pain, right wrist pain, and right knee pain. The patient tested for a positive Kemp's test as well as a positive right Neer's test. The patient's diagnoses include the following: Lumbar spine sprain/strain; Right shoulder sprain/strain; Right wrist sprain/strain; Right knee sprain/strain. The utilization review determination being challenged is dated 08/15/2014. Treatment reports were provided from 04/07/2014 - 06/16/2014.

IMR ISSUES, DECISIONS AND RATIONALES

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

Acupuncture - infra red/elec w/capsaicin patch 2-3 times a week for 4 weeks to right shoulder, right knee, lumbar spine, and right wrist: Upheld

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

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints,Acupuncture Treatment Guidelines,Chronic Pain Treatment Guidelines Acupuncture for Neck and Low back Pain.

Decision rationale: Based on the 06/16/2014 progress report, the patient complains of having pain in his low back, right shoulder, right wrist, and right knee. The request is for acupuncture - infrared/electric with capsaicin patch 2 to 3 times a week for 4 weeks to right shoulder, right knee, lumbar spine, and right wrist. MTUS and ODG Guidelines do not specifically address this request. ACOEM Chapter 12 states, "Physical modalities such as massage, diathermy, cutaneous laser treatment, ultrasound, transcutaneous electrical neurostimulation (TENS) units, percutaneous electrical nerve stimulation (PENS) units, and biofeedback have no proven efficacy in treating acute low back symptoms." Therefore, the infrared acupuncture treatments would not be beneficial. While infrared can be used in conjunction with acupuncture or therapy, in this case, there are 8 to 12 sessions of acupuncture treatments requested which exceeds the trial of 3 to 6 sessions MTUS allows. Recommendation is that the request is not medically necessary.

Functional Capacity Evaluation: 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)

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation American College of Occupational and Environmental Medicine (ACOEM), 2nd Edition, (2004) ACOEM guidelines, Chapter 7, page 137-139

Decision rationale: Based on the 06/16/2014 progress report, the patient complains of having pain in his lower back, right shoulder, right wrist, and right knee. The utilization review provided is interpreting this request as a functional capacity evaluation (FCE). MTUS Guidelines do not discuss functional capacity evaluations. "ACOEM impairment results and functional limitations...the employer or claimant administrator may request functional ability evaluations...may be ordered by the treating physician or evaluating physician, if the physician feels the information from such testing is crucial." ACOEM further states, "There is little, scientific evidence confirming that FCEs predict an individual's actual capacity to perform in the workplace." In this case, there is no discussion provided as to what the treating physician is specifically requesting. Recommendation is that the request is not medically necessary.

Retrospective UDS: 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) Urine Drug Screen

Decision rationale: Based on the 06/16/2014 progress report, the patient complains of low back pain, right shoulder pain, right wrist pain, and right knee pain. The request is for a retrospective UDS. The patient is currently taking Menthoderm gel, Cyclobenzaprine, Naproxen, and Omeprazole. While MTUS Guidelines do not specifically address how frequent UDS should be obtained from various risk opiate users, ODG Guidelines provided clear guidelines for low-risk opiate users. It recommends once yearly urine drug screen following initial screening within the

first 6 months for management of chronic opiate use. There is no indication if the patient has recently had a UDS. More importantly, the current list of medications does not include an opiate. UDS are not needed unless opiate management is an issue. Recommendation is that the request is not medically necessary.