MAXIMUS Federal Services

Case Number:	CM14-0147782		
Date Assigned:	09/15/2014	Date of Injury:	07/05/2013
Decision Date:	10/16/2014	UR Denial Date:	08/29/2014
Priority:	Standard	Application Received:	09/11/2014

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 & Rehab and Pain Medicine and is licensed to practice in Texas and Oklahoma. 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 37-year-old female who reported an injury on 07/05/2013 due to an unknown mechanism. Past treatments were chiropractic sessions, medications, and physical therapy. Physical examination on 07/25/2014 revealed range of motion for the cervical spine: Right rotation was to 55 degrees, left rotation was to 50 degrees, flexion was to 50 degrees, extension was to 60 degrees, right bending was to 45 degrees, and left bending was to 45 degrees. There was no tenderness or spasm in the paracervical spine musculature, and there was tenderness in the right trapezius musculature. There was a decrease in range of motion for bilateral shoulders. X-rays of the bilateral shoulders were normal. X-ray of the cervical spine revealed no significant postural abnormalities. X-ray of the thoracic spine revealed minimal discogenic spondylosis from T5-T6, T8-T9, minimal left convexity at the thoracic spine with an apical segmental at T11. MRI of the cervical spine revealed C2-C3 down to C6-7, C4-5, C5-6, and C6-7 diffuse disc herniation. Medications were naproxen, cyclobenzaprine, omeprazole, and Xanax. The rationale and Request for Authorization were not submitted.

IMR ISSUES, DECISIONS AND RATIONALES

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

8 infrared, electroacupuncture 15 min for the shoulder/arm and neck: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM.

MAXIMUS guideline: Decision based on MTUS Acupuncture Treatment Guidelines.

Decision rationale: The decision for 8 infrared, electroacupuncture 15 minutes for the shoulder/arm and neck is not medically necessary. The California Medical Treatment Utilization Schedule Guidelines state that acupuncture is used as an option when pain medication is reduced or not tolerated, and is recommended as an adjunct to physical rehabilitation and/or surgical intervention to hasten functional recovery. Acupuncture can be used to reduce pain, reduce inflammation, increase blood flow, increase range of motion, decrease the side effect of medical induced nausea, promote relaxation in an anxious patient, and reduce muscle spasm. Acupuncture with electrical stimulation is the use of electrical current on the needles at the acupuncture site. It is used to increase effectiveness of the needles by continuous stimulation of the acupoint. The time to produce functional improvement is 3 to 6 visits, and acupuncture treatments may be extended if functional improvement is documented including either a clinically significant improvement in activities of daily living or a reduction in work restrictions. There were no reports of an objective functional improvement for the injured worker. The clinical information submitted for review does not provide evidence to justify an infrared electroacupuncture 15 minutes for the shoulder/arm and neck procedures. Therefore, this request is not medically necessary.

1 request for Capsaicin patch for the shoulder/arm and neck: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation State of Colorado Department of Labor and Employment pg 56ACOEM Guidelines

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Topical Analgesics, Topical Capsaicin Page(s): 111 28.

Decision rationale: The decision for 1 request for capsaicin patch for the shoulder/arm and neck is not medical necessity. The California Medical Treatment Utilization Schedule Guidelines indicate that topical analgesics are largely experimental and used with few randomized controlled trials to determine efficacy or safety. They are primarily recommended for neuropathic pain when trials of antidepressants and anticonvulsants have failed. Any compounded product that contains at least 1 drug (or drug class) that is not recommended, is not recommended. Capsaicin is recommended only as an option in patients who have not responded or are intolerant to other treatments. There have been no studies of a 0.0375% formulation of capsaicin, and there is no current indication that this increase over a 0.025% formulation would provide any further efficacy. The efficacy of this medication was not reported. The request does not indicate a frequency or a quantity for the medication. The clinical information submitted for review does not provide evidence to justify continued use. Therefore, this request is not medically necessary.

3 Functional Capacity Evaluations for the shoulder/arm neck and thoracic region: 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 Fitness for Duty, Functional Capacity

Decision rationale: The decision for 3 functional capacity evaluations for the shoulder/arm/neck, and thoracic region is not medically necessary. The ACOEM Guidelines indicate there is a functional assessment tool available, and that is a functional capacity evaluation; however, it does not address the criteria. As such, secondary guidelines were sought. Official Disability Guidelines indicate that a functional capacity evaluation is appropriate when a worker has had prior unsuccessful attempts to return to work, has conflicting medical reports, the patient had an injury that required a detailed exploration of a worker's abilities, a worker is close to maximal medical improvement and/or additional or secondary conditions have been clarified. However, the evaluation should not be performed if the main purpose is to determine a worker's effort or compliance or the worker has returned to work, and an ergonomic assessment has not been arranged. It is recommended prior to admission to a work hardening program, with preference for assessments tailored to a specific task or job. It was reported that the injured worker is currently not working. It was not reported that she attempted to go back to work and was not able to; it was not reported. It was not reported that the injured worker was to attend a work hardening program. The clinical information submitted for review does not provide evidence to justify a functional capacity evaluation x 3. Therefore, this request is not medically necessary.