

Case Number:	CM14-0098736		
Date Assigned:	07/28/2014	Date of Injury:	04/20/2013
Decision Date:	10/06/2014	UR Denial Date:	06/02/2014
Priority:	Standard	Application Received:	06/26/2014

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 and is licensed to practice in Nevada. 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 records presented for review indicate that this 36 year-old individual was reportedly injured on April 20, 2013. The mechanism of injury is noted as pushing cabinet doors. The most recent progress note, dated June 30, 2014, indicates that there are ongoing complaints of neck pain with bilateral upper extremity involvement. There is also complaints of low back pain. The physical examination demonstrated tenderness to palpation of the cervical spine, some muscle spasm, a decrease in lumbar and cervical range of motion, and changes in the C6 dermatomes. Diagnostic imaging studies were not reported with this note. Previous treatment includes multiple medications, chiropractic care, and physical therapy. A request had been made for acupuncture and was not certified in the pre-authorization process on June 2, 2014.

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: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 13 of 127.

Decision rationale: As noted in the MTUS, a referral to the specialist topic sessions of the statute is noted. Referencing this referral, this is indicated when there is a reduction in pain medication or the medication is not tolerated. Furthermore, the records reflect that a prior preauthorization supported such intervention. However, the efficacy of this protocol has not been noted in the progress notes presented. As such, with no noted response there is insufficient clinical information to support the medical necessity of this request.

Functional Capacity Evaluation: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 2 General Approach to Initial Assessment and Documentation. Decision based on Non-MTUS Citation Official Disability Guidelines

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Functional restoration programs (FRPs) Page(s): 49.

Decision rationale: ACOEM practice guidelines support the use of functional capacity evaluations (FCE) when necessary to translate medical evidence of functional limitations to determine work capability. The ODG details the recommendation to consider a FCE if the patient has evidence of prior unsuccessful return to work attempts or there is conflicting medical reporting on precautions and/or fitness for a modified job or if the patient's injuries are such that require a detailed exploration of the workers abilities. When noting the ongoing complaints of pain, the finding a physical examination and the treatment currently rendered with a declaration that this individual is temporary totally disabled, there is no clinical indication presented for the medical necessity of such assessment until return to work can be established. Therefore, this request is not medically necessary.

MRI Cervical, Thoracic and Lumbar Spine: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints Page(s): 182. Decision based on Non-MTUS Citation Official Disability Guidelines

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Cervical and Thoracic Spine Disorders-Diagnostic Investigations-MRI (Electronically Cited)

Decision rationale: As noted in the ACOEM guidelines, there is support for enhanced imaging studies in subacute or chronic radicular pain syndromes. However, when noting the date of injury there is no documentation of a progressive neurologic deficit or other significant trauma that would warrant such a study. Therefore, based on the progress notes presented for review tempered by the guidelines there is no clinical indication establishing the medical necessity of this study. The request is not medically necessary.

Sleep Study: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) pain chapter updated September, 2014

Decision rationale: It is noted that the MTUS and ACOEM guidelines do not address, therefore the parameters noted in the ODG were used. Sleep studies are recommended for the combination of indications listed below: (1) Excessive daytime somnolence; (2) Cataplexy (muscular weakness usually brought on by excitement or emotion, virtually unique to narcolepsy); (3) Morning headache (other causes have been ruled out); (4) Intellectual deterioration (sudden, without suspicion of organic dementia); (5) Personality change (not secondary to medication, cerebral mass or known psychiatric problems); (6) Sleep-related breathing disorder or periodic limb movement disorder is suspected; & (7) Insomnia complaint for at least six months (at least four nights of the week), unresponsive to behavior intervention and sedative/sleep-promoting medications and psychiatric etiology has been excluded. When noting that the criterion for a sleep study are not met, there is no medical necessity for this evaluation.