

Case Number:	CM15-0068744		
Date Assigned:	04/16/2015	Date of Injury:	07/29/2010
Decision Date:	06/09/2015	UR Denial Date:	03/11/2015
Priority:	Standard	Application Received:	04/10/2015

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: Texas, Illinois

Certification(s)/Specialty: Preventive Medicine, Occupational Medicine

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 57 year old female, who sustained an industrial injury on 07/29/2010. She has reported injury to the neck, shoulders, and low back. The diagnoses have included cervicalgia; cervical sprain/strain; chronic low back pain with radiculopathy; and disc herniation/extrusion at right L5-S1. Treatment to date has included medications, diagnostics, lumbar epidural steroid injections, and acupuncture physiotherapy. Medications have included Naproxen and Cyclobenzaprine. A progress note from the treating provider, dated 01/26/2015, documented an evaluation with the injured worker. Currently, the injured worker complains of cervical, right sacroiliac, sacral, right pelvic, right buttock, right posterior leg, right calf, and lumbar pain; and is experiencing relief and increase in function with acupuncture treatment program. Objective findings included palpable tenderness at the lumbar, right lumbar, right sacroiliac, right buttock, right posterior leg, right calf, upper thoracic, and cervical regions. Request is being made for Acupuncture for the lumbar spine, 2x3; EMS (Electrical Muscle Stimulation)/IF (Interferential) unit with garments and braces; and FCE (functional capacity evaluation).

IMR ISSUES, DECISIONS AND RATIONALES

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

Acupuncture for the lumbar spine, 2x3: Upheld

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

MAXIMUS guideline: Decision based on MTUS Acupuncture Treatment Guidelines.

Decision rationale: The injured worker sustained a work related injury on 07/29/2010. The medical records provided indicate the diagnosis of cervicgia; cervical sprain/strain; chronic low back pain with radiculopathy; and disc herniation/extrusion at right L5-S1. Treatment to date has included medications, lumbar epidural steroid injections, and acupuncture physiotherapy. The medical records provided for review do not indicate a medical necessity for Acupuncture for the lumbar spine, 2x3. The medical records reviewed do not include a documentation of clinically significant improvement in activities of daily living, a documentation of reduction in work restrictions, or a documentation of decrease in medication usage or dependence on treatments. The MTUS does not recommend extending acupuncture treatment except if there a documentation of clinically significant improvement in activities of daily living or a reduction in work and a reduction in the dependency on continued medical treatment.

MEDS - EMS/IF with Garments and braces (size M): Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Interferential Current Stimulation (ICS).

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Interferential Current Stimulation (ICS) Page(s): 118-120.

Decision rationale: The injured worker sustained a work related injury on 07/29/2010 The medical records provided indicate the diagnosis of cervicgia; cervical sprain/strain; chronic low back pain with radiculopathy; and disc herniation/extrusion at right L5-S1. Treatment to date has included medications, diagnostics, lumbar epidural steroid injections, and acupuncture physiotherapy. Medications have included Naproxen and Cyclobenzaprine. The medical records provided for review do not indicate a medical necessity for MEDS - EMS/IF with Garments and braces (size M). The MTUS does not recommend Interferential Current Stimulation (ICS) as an isolated intervention; the MTUS requires that its use be in conjunction with return to work, exercise and medications, and limited evidence of improvement on those recommended treatments alone. The documents submitted for review do not indicate this treatment is in conjunction with return to work, medication and exercise.

FCE (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), FCE.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Fitness For Duty Functional capacity evaluation (FCE).

Decision rationale: The injured worker sustained a work related injury on 07/29/2010. The medical records provided indicate the diagnosis of cervicalgia; cervical sprain/strain; chronic low back pain with radiculopathy; and disc herniation/extrusion at right L5-S1. Treatment to date has included medications, diagnostics, lumbar epidural steroid injections, and acupuncture physiotherapy. Medications have included Naproxen and Cyclobenzaprine. The medical records provided for review do not indicate a medical necessity for FCE (functional capacity evaluation). Though mentioned in MTUS, the Official Disability Guidelines is more detailed. The Official Disability Guidelines recommends Job specific FCEs rather than general assessments. The Criteria for FCE include: 1) Case management is hampered by complex issues such as: Prior unsuccessful RTW attempts; Conflicting medical reporting on precautions and/or fitness for modified job; Injuries that require detailed exploration of a worker's abilities. 2) Timing is appropriate: Close or at MMI/all key medical reports secured. Additional/secondary conditions clarified. The reports reviewed indicate the injured worker had a glare of her problems after the MMI (Maximal maximal improvement) had been determined. However, the documents submitted for review do not indicate case management has been hampered by complex issues such as: Prior unsuccessful RTW attempts; Conflicting medical reporting on precautions and/or fitness for modified job; Injuries that require detailed exploration of a worker's abilities.