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| <b>Case Number:</b>   | CM13-0021096 |                              |            |
| <b>Date Assigned:</b> | 12/11/2013   | <b>Date of Injury:</b>       | 06/21/2013 |
| <b>Decision Date:</b> | 02/03/2014   | <b>UR Denial Date:</b>       | 08/19/2013 |
| <b>Priority:</b>      | Standard     | <b>Application Received:</b> | 09/06/2013 |

### HOW THE IMR FINAL DETERMINATION WAS MADE

MAXIMUS Federal Services sent the complete case file to a physician reviewer. He/she has no affiliation with the employer, employee, providers or the claims administrator. The physician reviewer is Board Certified in Physical Medicine and Rehabilitation, and is licensed to practice in Illinois, Indiana and Texas. 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 physician 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.

### 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 50-year-old male who reported an injury on 06/21/2013. The mechanism of injury was being hit by moving items. Initial treatment included cold therapy, x-rays, bracing, medication, and activity modification. The patient is noted to have ongoing cervical and lumbar spine pain rating it anywhere from 3/10 to 8/10 on a VAS. In clinical note dated 08/06/2013, the patient is noted to have cervical flexion of 26 degrees, extension of 7 degrees, and left and right rotation of 26 and 7 degrees. There was no muscle strength, reflex, or sensory deficits noted. The patient's lumbar spine range of motion is noted to be flexion of 5 degrees, extension of 8 degrees, left and right lateral bending of 9 and 7 degrees. He is noted to have normal reflexes, sensation, and motor strength bilaterally. He is noted to have a positive right straight leg raise test at 50 degrees that produced calf pain and positive left straight leg raise test at 60 degrees that produced pain in the thighs. On this date, he was referred for chiropractic treatment and prescribed Lodine 400 mg twice a day, Norco 5/325 mg 1 to 2 tablets every 6 hours as needed and further activity modification. It was noted on the 09/09/2013 clinical note that the patient was referred for an EMG (electromyogram) to the bilateral lower extremities; however, it is unclear if it was ever performed. The patient was referred for more physical therapy but continues to have continuing neck and lumbar spine pain.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**functional capacity evaluation:** Upheld

**Claims Administrator guideline:** Decision based on MTUS ACOEM.

**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 Chapter, Functional Capacity Exams Section.

**Decision rationale:** The California MTUS/ACOEM Guidelines state an FCE is a supported tool in assessing the patient's function and functional recovery. Official Disability Guidelines recommend Functional Capacity Evaluations prior to admission to a work hardening program. Criteria for performing an FCE include prior unsuccessful return to work attempts; conflicting medical reporting on precautions and/or fitness for modified job; injuries that require detailed exploration of worker's abilities; the patient must be close or at maximum medical improvement; and additional secondary conditions have been clarified. Guidelines state not to proceed with an FCE if the sole 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. Guidelines also state that an FCE cannot be recommended as a routine evaluation. None of the clinical records submitted for review discussed any return to work plans for the patient, nor did it discuss his current employment status. There is no evidence of prior attempts to return to work that have failed, an anticipation of a work hardening program, nor is there any indication that the patient has conflicting medical reports or is close to being MMI. The request for a functional capacity evaluation is not medically necessary or appropriate.

**Chiropractic treatment for the cervical and lumbar spine, three times per week for four weeks:** Upheld

**Claims Administrator guideline:** Decision based on MTUS ACOEM.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Manual Therapy & Manipulation Chapter Page(s): 58-59..

**Decision rationale:** The Chronic Pain Medical Treatment Guidelines recommend chiropractic care for chronic pain if it is caused by musculoskeletal conditions. The goals of manual therapy are to provide measurable gains in functional improvement that facilitate progression in a therapeutic exercise program. Although the guidelines do not address chiropractic treatment for the cervical spine, they do recommend treatment of the lumbar spine. However, time to produce effect is 4 to 6 treatments with extension of treatment dependent on documented evidence of objective functional improvement. The current request for chiropractic treatment of 12 sessions, exceeds guideline recommendations. The request for chiropractic treatment for the cervical and lumbar spine, three times per week for four weeks, is not medically necessary.