

<b>Case Number:</b>	CM13-0023725		
<b>Date Assigned:</b>	03/14/2014	<b>Date of Injury:</b>	09/10/2009
<b>Decision Date:</b>	04/22/2014	<b>UR Denial Date:</b>	08/12/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	09/12/2013

### 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 & 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 61 year-old female with a date of injury of 08/12/2013. The listed diagnoses per [REDACTED] are: 1) Chronic neck pain 2) Degenerative disc disease cervical spine 3) Cervical disc herniation multi-level 4) Cervical radiculopathy 5) Bilateral shoulder strains 6) Bilateral elbow lateral epicondylitis 7) Carpal tunnel syndrome 8) Bilateral CMC joint arthrosis 9) Chronic back pain 10) Degenerative disc disease lumbar spine 11) Herniated discs lumbar spine 12) Bilateral knee patellofemoral pain syndrome 13) Radiculopathy right lower extremity. According to report dated 07/12/2013 by [REDACTED], the patient with continued lower back pain with radicular pain down the right lower extremity. She continues to experience left wrist as well. She has more difficulty swallowing with pain in her neck, especially on the right side. Treater is requesting GI evaluation for her gastric problems, neurology consult for her swallowing issues and a function capacity assessment "with safety works to determine an accurate impairment rating. Progress report dated 07/16/2013 by [REDACTED] states patient continues with complaints of stress and anxiety. She also complains of "swallowing problems due to a knot in the throat."

### IMR ISSUES, DECISIONS AND RATIONALES

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

**GI EVALUATION FOR GASTRIC PROBLEMS:** Upheld

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

**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, Chapter 7, Page 127

**Decision rationale:** This patient presents with low back pain that radiates down the right lower extremity. The treater is requesting a GI evaluation for patient's "gastric problems." ACOEM Practice Guidelines, 2nd Edition (2004), page 127 has the following: "The occupational health practitioner may refer to other specialists if a diagnosis is uncertain or extremely complex, when psychosocial factors are present, or when the plan or course of care may benefit from additional expertise." The treating physician indicates a referral for GI evaluation is needed. However, there are no discussions of GI assessment or problems warranting a specialty consult. ACOEM guidelines support referral to a specialist to aid in complex issues. Simple indication that the patient is taking omeprazole for gastric problems does not substantiate a specialty referral. MTUS page 8 states that the treater must monitor the patient's progress and make appropriate treatment recommendations. Absent documentation as to why GI consult is needed, recommendation is for denial.

**NEUROLOGY CONSULT FOR SWALLOWING ISSUES:** Overturned

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

**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, Chapter 7, Page 127.

**Decision rationale:** This patient presents with low back pain that radiates down the right lower extremity. The treater is requesting a Neurology consult as the patient has persistent issues with swallowing. ACOEM Practice Guidelines, 2nd Edition (2004), page 127 has the following: "The occupational health practitioner may refer to other specialists if a diagnosis is uncertain or extremely complex, when psychosocial factors are present, or when the plan or course of care may benefit from additional expertise." The treating physician has asked for Neurology consult to address the patient's pain with swallowing. It is not certain what the treater is concerned about and how a Neurologist can address painful swallowing but recommendation is for authorization. ACOEM allows for specialty evaluation if the treater feels that the problem is complex.

**FUNCTIONAL CAPACITY EVALUATION:** Upheld

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 2 General Approach to Initial Assessment and Documentation Page(s): 21.

**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, Chapter 7, Page 137, 139

**Decision rationale:** This patient presents with low back pain that radiates down the right lower extremity. The treater is requesting a Functional Capacity Evaluation. ACOEM guidelines p137, 139 do not support routine use of Functional Capacity Evaluation. It states that the examiner is responsible for determining whether the impairment results in functional imitation. There is little evidence that FCEs can predict an individual's actual capacity to perform in the workplace. FCEs are reserved for special circumstances when the employer or adjuster requests for it. In this request, the treater does not discuss why a FCE is being requested. FCE's are indicated if there is a specific or special need and when it is requested by the claims adjuster or the employer. Recommendation is for denial of the request.