

Case Number:	CM13-0026214		
Date Assigned:	11/22/2013	Date of Injury:	03/27/2013
Decision Date:	09/03/2014	UR Denial Date:	08/27/2013
Priority:	Standard	Application Received:	09/19/2013

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 Orthopedic Surgery 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 27-year-old male with an industrial injury dated March 27, 2013. The patient had a chief complaint of neck and back pain. Previous conservative treatments include medication and physical therapy. Physical exam demonstrates the patient had tenderness and spasm throughout the spine, shoulders and knees. An MRI done in May demonstrates a normal cervical spine and a normal right shoulder. Exam note in June states the patient had disc bulges in the lower back and cervical spine. An exam note dated November 13, 2013 states the patient continues to have spasms and tenderness to the bilateral paraspinal muscles. The decompression test of the right shoulder was positive. Diagnosis of the patient include cervical disc herniation with myelopathy, thoracic disc displacement, tear of medial meniscus of the bilateral knees, partial tear of rotator cuff tendons, and medial/lateral epicondylitis of the bilateral elbows. Treatment plan includes acupuncture for six visits.

IMR ISSUES, DECISIONS AND RATIONALES

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

Quantitative Functional Capacity Evaluation: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation ACOEM Practice Guidelines, Chapter 7: Independent Medical Examinations and Consultations, page 137.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Functional Capacity Evaluation.

Decision rationale: The California MTUS does not specifically address functional capacity evaluations. According to the Official Disability Guidelines, a functional capacity evaluation (FCE) is recommended prior to admission to a work hardening program. Guidelines also consider an FCE if case management is hampered by complex issues such as prior unsuccessful return to work attempts. Conflicting medical reporting on precautions and/or fitness for modified job. Injuries that require detailed exploration of a worker's abilities. If the patient is close or at maximal medical improvement (MMI)/all key medical reports secured. Additional/secondary conditions clarified. Guidelines state that an FCE is not recommended if the sole purpose is to determine a worker's effort or compliance. The worker has returned to work and an ergonomic assessment has not been arranged. In this case it is unclear if the claimant has had unsuccessful attempts at return to work or if the claimant is approaching maximal medical improvement. Therefore, the request is not medically necessary.

Functional Restoration Program: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation ACOEM Practice Guidelines, Chapter 7: Independent Medical Examinations and Consultations, page 137.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Chronic Pain programs (functional restoration programs) Page(s): 30-32.

Decision rationale: According to the Chronic Pain Medical Treatment Guidelines, Chronic Pain programs (functional restoration programs) are recommended when patients have conditions that put them at risk for delayed recovery. In addition criteria includes previous methods of treating chronic pain have been unsuccessful and there is an absence of other options likely to result in significant clinical improvement. In this case, there is lack of documentation in the cited records of previous methods of treating chronic pain have failed. Therefore, the request is not medically necessary.

Computerized Range of Motion Measurements: 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) Low Back Chapter.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Low Back, Flexibility; as well as the AMA Guidelines, Evaluation of Permanent Impairment, 5th edition, page 400.

Decision rationale: The California MTUS/ACOEM Guidelines are silent on the issue of computerized range of motion testing. According to the Official Disability Guidelines computerized range of motion measurements are not recommended as a primary criterion, but should be part of a routine musculoskeletal evaluation. The AMA Guidelines state that an inclinometer is the preferred device for obtaining accurate, reproducible measurements in a simple, practical and inexpensive way. They do not recommend computerized measures of lumbar spine range of motion, which can be done with inclinometers, and where the result (range of motion) is of unclear therapeutic value. As the guidelines do not recommend computerized measurements; therefore, the request is not medically necessary.

Pain Management Consult for Epidural Steroid Injections: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Epidural Steroid Injections (ESIs) Page(s): 46.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Epidural Steroid Injections (ESIs) Page(s): 46.

Decision rationale: According to the California MTUS Chronic Pain Medical Treatment Guidelines, epidural steroid injections are recommended as an option for treatment of radicular pain. Specifically the guidelines state that radiculopathy must be documented by physical examination and corroborated by imaging studies and/or electrodiagnostic testing. In addition, there must be demonstration of unresponsiveness to conservative treatment (exercises, physical methods, NSAIDs and muscle relaxants). In this case, the exam notes from November 13, 2013 do not demonstrate a failure of conservative management or a clear evidence of a dermatomal distribution of radiculopathy. Therefore, the request is not medically necessary.

Psychological Consult: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 15 Stress Related Conditions.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 15 Stress Related Conditions Page(s): 398.

Decision rationale: The ACOEM Practice Guidelines, states that it is recognized that primary care physicians and other non-psychological specialists commonly deal with and try to treat psychiatric conditions. It is recommended that serious conditions such as severe depression and schizophrenia be referred to a specialist, while common psychiatric conditions, such as mild depression, are referred to a specialist after symptoms continue for more than six to eight weeks. In this case, the exam note from November 13, 2013 does not demonstrate evidence of severe depression or schizophrenia to warrant specialist referral. Therefore, the request is not medically necessary.

3D Magnetic Resonance Imaging (for the thoracic spine): Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints Page(s): 177-178.

Decision rationale: According to the ACOEM Practice Guidelines MRIs are recommended for the cervical or thoracic spine when conservative care has failed over a 3-4 week period. Criteria for ordering imaging studies are: - Emergence of a red flag; - Physiologic evidence of tissue insult or neurologic dysfunction; - Failure to progress in a strengthening program intended to avoid surgery and - Clarification of the anatomy prior to an invasive procedure. In this case, the exam note from November 13, 2013 does not demonstrate any deficit neurologically or failed strengthening program prior to the request for MRI. Therefore, the request is not medically necessary.

Nerve Conduction Velocity Test (for the bilateral lower extremities): 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) Low Back Chapter.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Low Back, Nerve conduction studies.

Decision rationale: The California MTUS/ACOEM Guidelines are silent on nerve conduction velocity testing. According to the Official Disability Guidelines, nerve conduction studies (NCS) are not recommended, as there is minimal justification for performing nerve conduction studies when a patient is presumed to have symptoms on the basis of radiculopathy. In this particular case, the exam not from November 13, 2013 demonstrates clear evidence of lumbar radiculopathy. Therefore, the request is not medically necessary.