

<b>Case Number:</b>	CM13-0026515		
<b>Date Assigned:</b>	11/22/2013	<b>Date of Injury:</b>	06/13/2013
<b>Decision Date:</b>	01/28/2014	<b>UR Denial Date:</b>	08/23/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	09/19/2013

### 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:

This patient is a 54-year-old female with a date of injury noted to be continuous from 06/13/2012 to 06/13/2013. The documentation submitted for review indicates that this patient has complaints of neck and shoulder pain, gastrointestinal problems, and psychological symptoms as a result of repetitive job duties requiring the patient to sit at her desk, work at her computer, read, correct written material, run meeting, coordinate city council meetings, operate voting machines, answer phones, and assist the public for prolonged periods of time. Notes indicate the patient to have subjective complaints of neck pain as well as headaches radiating to the right eye socket with radiating pain into the shoulder blades from the neck. The patient also reports psychological complaints consisting of stress, anxiety, and depression due to frequent symptoms and not being able to work. The patient also reports intermittent numbness into the right leg and difficulty sleeping secondary to pain from the neck. The patient also reports an 18 pound weight loss due to changes in diet since 01/2013, which the patient denies as being related to her injury. The patient also reports developing gastroesophageal reflux disease in the last year, which the patient feels, is stress related due to the nature of her work. Notes indicate that the patient was unable to correct the gastroesophageal reflux disease with medication intake and that the patient underwent endoscopy on 03/27/2013 and was diagnosed with gastroesophageal reflux disease and inflamed vocal cords.

### 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:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation ACOEM Guidelines, 2nd Edition, Chapter 7, pgs. 137-138.

**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 (ACOEM), 2nd Edition, (2004) 4, page(s) 77-78.

**Decision rationale:** CA MTUS states that determining limitations is not really a medical issue; clinicians are simply being asked to provide an independent assessment of what the patient is currently able and unable to do. In many cases, physicians can listen to the patient's history, ask questions about activities, and then extrapolate, based on knowledge of the patient and experience with other patients with similar conditions. However, it may be necessary to obtain a more precise delineation of patient capabilities than is available from routine physical examination. Under some circumstances, this can best be done by ordering a functional capacity evaluation of the patient. Based on a review of the clinical literature submitted, there is no clear clinical rationale stated for the necessity of a Functional Capacity Evaluation for this patient. Notes indicate that the patient did undergo an internal medicine consultation on 10/22/2013 as well as a qualitative Functional Capacity Evaluation and results. This demonstrated the patient to have limitation in range of motion of the lumbar spine in all planes as well as limitation in cervical spine range of motion in all planes. Notes indicated that the patient had an increase of pain from 6/10 to 7/10 following testing. However, again there remains no clear indication or rationale provided for the necessity of a Functional Capacity Evaluation. Given the above, the request for Functional Capacity Evaluation is not medically necessary and appropriate

**Chiropractic treatment three (3) times four (4) to cervical and thoracic spine:** Upheld

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints Page(s): 173. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG).

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

**Decision rationale:** CA MTUS states that manual therapy and manipulation is recommended for chronic pain if caused by musculoskeletal conditions. Manual Therapy is widely used in the treatment of musculoskeletal pain. For the low back, therapy is recommended initially in a therapeutic trial of 6 sessions and with objective functional improvement a total of up to 18 visits over 6-8 weeks may be appropriate. Treatment for flare-ups requires a need for re-evaluation of prior treatment success. Treatment is not recommended for the ankle & foot, carpal tunnel syndrome, the forearm, wrist, & hand or the knee. Also, the time to produce effect is indicated as 4 to 6 treatments several studies of manipulation have looked at duration of treatment, and they generally showed measured improvement within the first few weeks or 3-6 visits of chiropractic treatment, although improvement tapered off after the initial sessions. If chiropractic treatment is going to be effective, there should be some outward sign of subjective or objective improvement within the first 6 visits. The request for 12 sessions of chiropractic

treatment for the thoracic and cervical spine exceeds the recommendation of the Guidelines. The most recent clinical evaluation of the patient dated 10/25/2013 is handwritten and of extremely poor copy quality. However, notes do detail a request for 12 sessions of chiropractic treatment for the cervical and thoracic spine with physical examination in the form of a check off list indicating that the patient moved about with stiffness and protectively. Given the above, the request for chiropractic treatment three (3) times four (4) to cervical and thoracic spine is not medically necessary and appropriate.

**Internal Medicine consultation:** Upheld

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints Page(s): 173. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG).

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 1.

**Decision rationale:** CA MTUS states that upon ruling out a potentially serious condition, conservative management is provided. If the complaint persists, the physician needs to reconsider the diagnosis and decide whether a specialist evaluation is necessary. The documentation submitted for review indicates that the patient underwent an internal medicine consultation on 10/22/2013. It is unclear how an additional consultation would be of benefit to the patient's treatment plan. Given the above, the request for Internal Medicine consultation is not medically necessary and appropriate

**Psychiatric/psychology consult:** Upheld

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints Page(s): 173. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG).

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Psychological Evaluations Page(s): 100-101.

**Decision rationale:** CA MTUS states that psychological evaluations are generally accepted, well-established diagnostic procedures not only with selected use in pain problems, but also with more widespread use in chronic pain populations. Diagnostic evaluations should distinguish between conditions that are preexisting, aggravated by the current injury or work related. Psychosocial evaluations should determine if further psychosocial interventions are indicated. The interpretations of the evaluation should provide clinicians with a better understanding of the patient in their social environment, thus allowing for more effective rehabilitation. The documentation submitted for review indicates that on evaluation, the patient has complaints of anxiety and depression due to her current injuries and job duties. Furthermore, notes indicate the patient to have complaints of chronic pain of the neck, which radiate to the shoulder. Notes indicate in the most recent evaluation that the patient has anxiety and dry mouth as well as sleep disturbance and that the patient has difficulties with memory, attention, concentration, and that

the patient appears frustrated. An internal medicine consultation on 10/22/2013 detailed the recommendation for the patient possibly to benefit from a psychological evaluation and from psychotropic medications as indicated. Notes indicated there did not appear to be any underlying organic internal medicine cause for the patient's anxiety. However, it is noted while there was a clinical impression of anxiety, notes indicated that the patient appeared in no acute distress and appeared comfortable at rest. Furthermore, there is no clear evaluation of the patient's mental state or conclusions from the evaluating physician to support the recommendation of right arm psychiatric/psychology consult. Given the above, the request for psychiatric/psychology consult is not medically necessary and appropriate.

**Topical cream, unspecified:** Upheld

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 3 Initial Approaches to Treatment Page(s): 49.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Topical Analgesics Page(s): 111-113.

**Decision rationale:** CA MTUS states that topical analgesics are largely experimental in use with few randomized controlled trials to determine efficacy or safety; also, that they are primarily recommended for neuropathic pain when trials of antidepressants and anticonvulsants have failed. These agents are applied locally to painful areas with advantages that include lack of systemic side effects, absence of drug interactions, and no need to titrate. Many agents are compounded as monotherapy or in combination for pain control; however, there is little to no research to support the use of many of these agents. Any compounded product that contains at least one drug (or drug class) that is not recommended, therefore, is not recommended. The use of these compounded agents requires knowledge of the specific analgesic effect of each agent and how it will be useful for the specific therapeutic goal required. The most recent clinical notes submitted for review indicate that the patient was evaluated on 10/25/2013 with notes indicating that the patient's cream was helpful with pain. However, no further indication of the medication or its ingredients is indicated in the notes. Given the lack of sufficient documentation detailing clear clinical rationale or an indication of the ingredients of the medication, the request for topical cream, unspecified is not medically necessary and appropriate.