

Case Number:	CM13-0039952		
Date Assigned:	12/20/2013	Date of Injury:	03/05/2005
Decision Date:	02/05/2014	UR Denial Date:	10/01/2013
Priority:	Standard	Application Received:	10/28/2013

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 Anesthesiology, has a subspecialty in Pain Management 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 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. 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 68-year-old female who reported a work-related injury on 03/05/2005, specific mechanism of injury not stated. The patient presents for treatment of the following diagnoses: cervical disc syndrome, right shoulder rotator cuff syndrome, thoracic spine disc syndrome, and low back syndrome. The clinical note dated 08/13/2013 reported that the patient was seen for a follow-up of treatment under the care of [REDACTED]. The provider documented that the patient presented with continued complaints of cervical spine pain, right shoulder pain, and lumbar spine pain rated at an 8/10. The provider documented that the patient was requesting to be placed on a permanent and stationary status. The patient underwent unspecified right shoulder surgical interventions in 2005 per the clinical note. The provider documents that upon physical exam of the patient's cervical spine, range of motion was noted to be at 42 degrees of flexion, 40 degrees of extension, 62 degrees of bilateral rotation, and 35 to 70 degrees of bilateral lateral flexion. The patient's motor strength about the bilateral upper extremities was noted to be a 5/5 with the exception of the right shoulder in abduction and flexion. Range of motion values to the left shoulder were noted to be within normal limits. To the right shoulder, the range of motion values were significantly decreased with flexion at 98 degrees, extension 35 degrees, abduction 95 degrees, adduction 30 degrees, internal rotation 45 degrees and external rotation of 90 degrees. The provider documented that the patient was prescribed topical patches to be applied to areas of complaints to reduce the pain and decrease the need for oral medications. Additionally, the provider has requested an authorization for a Functional Capacity Evaluation (FCE), and the patient would be considered permanent and stationary after completing the FCE.

IMR ISSUES, DECISIONS AND RATIONALES

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

Medrox patches #30.: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 111.

Decision rationale: The request is not supported. The clinical documentation submitted for review reports that the patient continues to present with cervical spine, lumbar spine, and right shoulder pain complaints status post a work-related injury sustained in 2005. The clinical documentation submitted for review documents that the patient continues with a rate of pain at 8/10. The clinical notes failed to document the patient's entire medication regimen and the patient's reports of efficacy with the utilization of this topical analgesic. The clinical notes did not indicate that the patient had objective functional improvements or a significant decrease in her rate of pain to support the continued utilization of Medrox patches. The California MTUS indicates that topical analgesics are largely experimental in use, with few randomized controlled trials to determine efficacy or safety. Given all of the above, the request for Medrox patches #30 is neither medically necessary nor appropriate.

Functional capacity evaluation.: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

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) Chapter 7, page 137-138.

Decision rationale: The current request is not supported. The clinical documentation submitted for review evidences that the patient is almost 8 years status post a work-related injury sustained to the right shoulder, cervical spine, and lumbar spine. The provider is requesting a Functional Capacity Evaluation to render the patient permanent and stationary. However, the clinical notes document that the provider is recommending authorization for MRI studies of the cervical spine, right shoulder, and lumbar spine to evaluate the patient's condition and new onset of pain. A Functional Capacity Evaluation at this point in the patient's treatment is not supported. The clinical notes failed to evidence that the patient has made an attempt to return to work duties and failed. In addition, ACOEM indicates that there is little scientific evidence confirming that FCEs predict an individual's actual capacity to perform in the workplace. An FCE reflects what an individual can do on a single day at a particular time under controlled circumstances that provides an indication of that individual's abilities. As with any behavior, an individual's performance on an FCE is probably influenced by multiple nonmedical factors other than physical impairments. Given all of the above, the request for a Functional Capacity Evaluation is not medically necessary or appropriate.

