

Case Number:	CM13-0044595		
Date Assigned:	12/27/2013	Date of Injury:	01/01/2012
Decision Date:	02/25/2014	UR Denial Date:	10/03/2013
Priority:	Standard	Application Received:	10/30/2013

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 & Rehabilitation and Pain Medicine and is licensed to practice in Texas and Ohio. 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 31-year-old female who reported an injury on 01/01/2012. The mechanism of injury was not provided. The patient was noted to have severe pain, made worse by sleep deprivation, and the patient was noted to report experiencing shortness of breath due to stress. The patient's diagnoses were noted to include a cervical disc herniation with myelopathy, lumbar spondylosis with myelopathy, carpal tunnel syndrome, myofasciitis, tendonitis/bursitis of the right hand/wrist, anxiety and depression. A request was made for chiropractic treatment, a Functional Capacity Evaluation and a psych evaluation.

IMR ISSUES, DECISIONS AND RATIONALES

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

Psych evaluation: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Ongoing Management Page(s): 78.

Decision rationale: The California MTUS Guidelines indicate that a patient should have a psych evaluation if there is evidence of depression, anxiety or irritability. The clinical documentation indicated that the patient had pain and the physician opined that the patient had shortness of breath due to stress. The physician opined that the patient had depression, however, there was a

lack of documentation indicating that the patient had subjective signs and symptoms of depression, anxiety or irritability. Given the above and the lack of documentation, the request for a psych evaluation is not medically necessary.

Functional Capacity Evaluation (FCE): 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)

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 5 Cornerstones of Disability Prevention and Management Page(s): 89-92.

Decision rationale: ACOEM Guidelines indicate there is a functional assessment tool available, and that is a Functional Capacity Evaluation; however, it does not address the criteria. As such, secondary guidelines were sought. Official Disability Guidelines indicate that a Functional Capacity Evaluation is appropriate when a worker has had prior unsuccessful attempts to return to work; has conflicting medical reports; the patient had an injury that required a detailed exploration of a workers abilities; a worker is close to maximum medical improvement and/or additional or secondary conditions have been clarified. However, the evaluation should not be performed if the main 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. The clinical documentation submitted for review failed to provide that the patient had prior unsuccessful attempts to return to work. Given the above, the request for a Functional Capacity Evaluation is not medically necessary.

Chiropractic X 6 of cervical, lumbar, and right hand: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM.

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 to 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 wrist and hand. Also, the time to produce effect is indicated as 4 to 6 treatments. Treatment beyond 4 to 6 visits should be documented with objective improvement in function. The patient was noted to have +3 spasm and tenderness to the bilateral paraspinal muscles from C2-7 and bilateral suboccipital muscles. The axial compression test was positive bilaterally for neurologic compromise. The distraction test was positive bilaterally. The patient was noted to have +3 spasms and tenderness to the bilateral lumbar paraspinal muscles from L1-S1. The patient was noted to have a decrease in the right median nerve peripheral nerve distribution at the wrist. The patient was noted to have an increase in cervical spine flexion from 40 to 50 degrees and left and right rotation from

65 degrees to 75 degrees. The patient was noted to have completed 6 sessions of conservative treatment with physical medicine. There was a lack of documentation of objective functional improvement gained from the treatments. There was a lack of documentation of clarification as the request was for chiropractic treatment, but according to the documentation it should have been for physical medicine. Additionally per CA MTUS, manipulation is not recommended for the wrist and hand. Given the above, the request for chiropractic times 6 for the cervical, lumbar and right hand is not medically necessary.