

<b>Case Number:</b>	CM13-0045479		
<b>Date Assigned:</b>	12/27/2013	<b>Date of Injury:</b>	08/29/2012
<b>Decision Date:</b>	05/27/2014	<b>UR Denial Date:</b>	10/25/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	11/12/2013

### 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 and Rehabilitation and Pain Management, 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 52 year-old female who was injured on 8/29/12. She has been diagnosed with probable fibromyalgia triggered by pain and stress at work; high blood pressure secondary to stress at work; chronic sprain/strain cervicothoracic spine; multilevel cervical disc disease; bilateral shoulder tendinitis; overuse syndrome both upper extremities; right wrist torn triangular fibrocartilage and ganglion cyst without CTS; sprain/strain thoracolumbar spine; knee pain GERD/gastritis preexisting; and psychiatric diagnoses of major depressive disorder, single episode; anxiety disorder; female hypoactive sexual desire disorder due to chronic pain; insomnia related to anxiety. According to the 10/9/13 occupational medicine report by [REDACTED], the patient presents with sore neck, right shoulder and back. She has not worked since she was terminated from her job as a medical collector on 1/8/13. [REDACTED] requests computerized ROM testing and FCE, psychiatric treatment; orthopedic follow-up for both shoulders and wrist; an MRI of the lumbar spine. [REDACTED] feels the computerized ROM testing, FCE and MRI are necessary to determine impairment and therefore should not be subject to UR. On 10/25/13 UR recommended non-approval for the items.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**MRI Lumbar Spine:** Upheld

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 12 Low Back Complaints.

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 303-305.

**Decision rationale:** According to the 10/9/13 occupational medicine report by [REDACTED], the patient presents with sore neck, right shoulder and back. The review is for necessity of a lumbar MRI. The PR2 reports from [REDACTED] were reviewed, including 6/5/13, 9/10/13, 8/7/13, 8/26/13 (or 6/26/13), 9/11/13. The reports are not completely legible, but do not appear to show any subjective complaints or physical exam findings related to the low back. The 10/9/13 narrative report does not contain a lumbar physical examination, and there are no subjective complaints suggesting lumbar radiculopathy. The 8/13/13 Rheumatology report from [REDACTED] evaluated the lumbar spine, and noted no clinical findings, but normal range of motion. Lumbar x-ray from 1/10/13 was reported to be overexposed, but normal from the limited interpretation. MTUS/ACOEM states: "Unequivocal objective findings that identify specific nerve compromise on the neurologic examination are sufficient evidence to warrant imaging in patients who do not respond to treatment and who would consider surgery an option. When the neurologic examination is less clear, however, further physiologic evidence of nerve dysfunction should be obtained before ordering an imaging study" There are no objective findings that identify a specific nerve compromise. The request for lumbar MRI without physical exam findings or neurologic examination findings is not in accordance with MTUS/ACOEM guidelines.

**SUPPORTIVE PSYCHE TREATMENT FOR PAIN:** Overturned

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Psychological Treatment.

**Decision rationale:** According to the 10/9/13 occupational medicine report by [REDACTED], the patient presents with sore neck, right shoulder and back. The patient also has psychiatric diagnoses of major depressive disorder, single episode; anxiety disorder; female hypoactive sexual desire disorder due to chronic pain; insomnia related to anxiety. The request is for supportive psyche treatment for pain. The request does not provide a duration, frequency or total number of sessions, so a specific recommendation is not possible at this time. In general, MTUS guidelines do recommend psych treatment for pain, so the request as written can be authorized. The specific psych treatment plan from the psychologist/psychiatrist should be evaluated by UR to determine whether it is in accordance with the duration and frequency provided in the MTUS guidelines.

**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 American College of Occupational and Environmental Medicine (ACOEM), Chapter 7, functional capacity evaluation (FCE).

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation ACOEM chapter 7, pages 137-138.

**Decision rationale:** According to the 10/9/13 occupational medicine report by [REDACTED], the patient presents with sore neck, right shoulder and back. The records show the patient recently had a functional capacity evaluation (FCE) on 6/28/13 by [REDACTED]. The request is for another FCE. MTUS does not discuss functional capacity evaluations. ACOEM chapter 7, was not adopted into MTUS, but would be the next highest-ranked standard according to LC4610.5(2)(B). ACOEM does not appear to support the functional capacity evaluations and states: "Functional capacity evaluations may establish physical abilities, and also facilitate the examinee/employer relationship for return to work. However, FCEs can be deliberately simplified evaluations based on multiple assumptions and subjective factors, which are not always apparent to their requesting physician. 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 provide 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. For these reasons, it is problematic to rely solely upon the FCE results for determination of current work capability and restrictions." The functional capacity evaluation does not appear to be in accordance with ACOEM guidelines.

**ORTHOPEDIC FOLLOW UP BILATERAL SHOULDERS AND WRIST:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 9 Shoulder Complaints Page(s): 209, 211.

**Decision rationale:** According to the 10/9/13 occupational medicine report by [REDACTED], the patient presents with sore neck, right shoulder and back. [REDACTED], the orthopedist who is managing the shoulders lists the diagnoses as bilateral shoulder impingement and has been providing cortisone injections to the shoulder, with the last injection on 8/28/13. MRI of the right shoulder was unremarkable; MRI of the left shoulder showed partial SST tear, bursitis, and OA of the AC joint. There was no surgical lesion identified. The review is for necessity for orthopedic follow-up for the shoulders and wrist. The PR2 reports from [REDACTED] were reviewed, including 6/5/13, 9/10/13, 8/7/13, 8/26/13 (or 6/26/13), 9/11/13. The reports are not completely legible, but do not appear to show any subjective complaints or physical exam findings related to the shoulders or wrist. The 10/9/13 narrative report does not contain a physical examination, and there are no subjective complaints suggesting worsening shoulder problems. The report did provide a review of [REDACTED] 8/28/13 orthopedic evaluation of the shoulders, noting that [REDACTED] states the patient "will follow-up with me if the pain worsens in the

future". Based on the information provided for this IMR, and the orthopedist's statement, there is no reason for the orthopedic surgery follow-up for the shoulders and wrist.

**COMPUTERIZED RANGE OF MOTION TESTING:** Upheld

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 9 Shoulder Complaints Page(s): 200.

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 9 Shoulder Complaints Page(s): 200. Decision based on Non-MTUS Citation (ODG) Official Disability Guidelines, Neck Chapter for Range of Motion (ROM).

**Decision rationale:** According to the 10/9/13 occupational medicine report by [REDACTED], the patient presents with sore neck, right shoulder and back. The review is for computerized ROM testing. The physician indicates this is necessary for an impairment rating, but in California, impairment is based on the AMA Guides to the Evaluation of Permanent Impairment. The AMA guides do not require computerized ROM testing, but do require dual inclinometer testing. This issue is also addressed in the ODG guidelines. The ROM testing is part of the standard/routine physical examination. Computerized ROM separate from the routine musculoskeletal evaluation is not in accordance with ODG guidelines.