

Case Number:	CM13-0063476		
Date Assigned:	12/30/2013	Date of Injury:	06/04/2010
Decision Date:	03/29/2014	UR Denial Date:	11/22/2013
Priority:	Standard	Application Received:	12/09/2013

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 Occupational Medicine, 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 applicant is a represented [REDACTED] employee who has filed a claim for occipital neuralgia, chronic neck pain, chronic low back pain, sacroiliac pain, anxiety, depression, and insomnia reportedly associated with an industrial injury of June 4, 2013. Thus far, the applicant has been treated with the following: Analgesic medications; attorney representation; transfer of care to and from various providers in various specialties; and work restrictions. It does not appear that the applicant has returned to work with said limitations in place. In a utilization review report of November 22, 2013, the claims administrator denies a request for functional capacity testing. Per the applicant's attorney, however, other services, including various consultations, were also denied. An earlier progress note of October 18, 2013 is notable for comments that the applicant has multifocal neck, back, foot, leg, and shoulder pain. The applicant's quality of life is reportedly decreased. Her mood and quality of sleep are reportedly poor. She is on Voltaren, Prilosec, Ultracet, phenobarbitone, and Topamax. Her BMI is 22. She exhibits an antalgic gait. Diminished upper and lower extremity strengths are noted, secondary to pain. The applicant is apparently quite depressed. A rather prospective 10-pound lifting limitation is endorsed. The applicant is asked to obtain a functional capacity evaluation, chiropractic manipulative therapy, and a psychological consultation.

IMR ISSUES, DECISIONS AND RATIONALES

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

FCE EVALUATION: 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 Chronic Pain Treatment Guidelines Work Hardening/Work Conditioning Topic Page(s): 125. Decision based on Non-MTUS Citation ACOEM Practice Guidelines, Chapter 7, pages 137-138

Decision rationale: As noted on page 125 of the MTUS Chronic Pain Medical Treatment Guidelines, functional capacity evaluations can be employed as a prerequisite to enrolment in work hardening or work conditioning courses. In this case, however, there is no indication that the applicant is intent upon enrolling in work hardening or work conditioning. The applicant is not seemingly returned to work. The applicant is still in the process of pursuing numerous forms of treatment. As further noted in the Chapter 7 ACOEM Guidelines, FCEs are overly used, widely promoted, and or not necessarily an accurate representation or cauterization of what an applicant can or cannot do in the workplace. In this case, there is no indication that the applicant is intent upon returning to work, has a job to return to, plans to return to the workplace or workforce, etc. For all these stated reasons, then, the proposed FCE is not certified, on independent medical review.

PSYCHIATRY CONSULTATION: Overturned

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

MAXIMUS guideline: The Expert Reviewer did not cite any medical evidence for its decision.

Decision rationale: As noted in the MTUS-adopted ACOEM Guidelines in Chapter 15, page 388, referral to a mental health professional is "indicated," if symptoms become disabling or persists beyond three months. In this case, the applicant seemingly has long-standing mental health complaints. Obtaining the added expertise of a psychiatrist is indicated and appropriate to help address the same. Therefore, the request is certified, on independent medical review.

PSYCHOLOGICAL CONSULTATION: Overturned

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 100-111.

Decision rationale: The attending provider stated that he intends for the psychiatrist to address the applicant's mental health issues, while he intends for the psychologist to address the applicant's chronic pain issues. As noted on pages of 100 and 111 of the MTUS Chronic Pain Medical Treatment Guidelines, both psychological evaluations and psychological treatment are "recommended" for appropriately identified applicants during treatment for chronic pain. In this case, the applicant does in fact have longstanding chronic pain complaints, superimposed on

mental health issues. Obtaining the added expertise of a psychologist specializing in the same is indicated and appropriate. Therefore, the original utilization review decision is overturned. The request is certified, on independent medical review.

CHIROPRACTIC CONSULTATION: Upheld

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

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 10 Elbow Disorders (Revised 2007) Page(s): 25, Chronic Pain Treatment Guidelines Page(s): 58.

Decision rationale: In this case, the applicant has multifocal pain complaints about multiple body parts, including the shoulder, elbow, low back, etc.; however, manipulation is not necessarily recommended for all these body parts. For example, page 58 of the MTUS Chronic Pain Medical Treatment Guidelines states that manipulative therapy is "not recommended" for issues involving the forearm, wrist, and/or hand. It is further noted that it has not been clearly stated how much prior manipulation (if any) the applicant has had to date. Given the psychiatric overlay and multiplicity of body parts implicated in the injury, it does not appear that manipulative treatment is appropriate, for all of the stated reasons. Psychiatric and psychology consultation to address the mental health components of the applicant's issues have been certified above. It will be more appropriate to determine the recommendations of the psychiatric and/or psychologist before manipulation is considered, as the MTUS Guideline in the ACOEM Elbow Chapter, Table 3, page 25 further notes that it is not believed to be useful to simultaneously treat an applicant with more than two to three modalities. For all the stated reasons, then, the request is not certified, on independent medical review.