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| Case Number: | CM13-0071187 | | |
| Date Assigned: | 01/08/2014 | Date of Injury: | 10/01/2012 |
| Decision Date: | 06/05/2014 | UR Denial Date: | 12/10/2013 |
| Priority: | Standard | Application Received: | 12/26/2013 |

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 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 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 an employee of [REDACTED] and has submitted a claim for neck and low back pain associated with an industrial injury date of October 1, 2012. Treatment to date has included medications, physical therapy, and acupuncture. Medical records from 2013 were reviewed, which showed that the patient complained of neck pain radiating to both shoulders, left greater than the right. The pain also radiated to the left arm and left hand. The patient also complained of low back pain radiating to the upper back. He also noted increasing weakness of the left arm. The patient was on full duty. On physical examination, there was tenderness and decreased range of motion of the thoracic and lumbar spine. There was also decreased range of motion of the left shoulder. Utilization review from December 10, 2013 denied the request for MRI Cervical Spine and MRI Thoracic Spine because the clinical rationale and differential diagnosis for the requests were not apparent. The same review denied the request for functional capacity evaluation, left shoulder, lumbar, cervical, thoracic spine but the rationale for determination was not included in the records for review.

IMR ISSUES, DECISIONS AND RATIONALES

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

MRI OF THE CERVICAL SPINE: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints Page(s): 181-183.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints Page(s): 179-180.

Decision rationale: According to pages 179-180 of the ACOEM Practice Guidelines, imaging studies are supported for red flag conditions; physiologic evidence of tissue insult or neurologic dysfunction; failure to progress in a strengthening program; clarification of the anatomy prior to an invasive procedure; and definitive neurologic findings. In this case, the medical records did not mention any presence of red flag conditions and there was no discussion regarding failure to progress in a strengthening program. The medical records also did not indicate plans for an invasive procedure that may warrant clarification of cervical spine anatomy. Furthermore, a complete neurologic examination was not performed and no definitive neurologic findings were noted. There is no clear indication for imaging of the cervical spine; therefore, the request for MRI of the cervical spine is not medically necessary.

MRI OF THE THORACIC SPINE: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints Page(s): 181-183.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 304.

Decision rationale: According to page 304 of the ACOEM Practice Guidelines, criteria for imaging studies include red flag diagnoses where plain radiographs are negative; unequivocal findings that identify specific nerve compromise on neurologic examination; failure to respond to treatment; and consideration of surgery. In this case, the medical records did not mention the presence of red flag diagnoses and plain radiographs of the thoracic spine were not previously done. Furthermore, a complete neurologic examination was not performed and no definitive neurologic findings were noted. There was also no discussion regarding failure of present management and future surgical plans. The criteria was not met; therefore, the request for MRI of the thoracic spine is not medically necessary.

FUNCTIONAL CAPACITY EVALUATION FOR THE LEFT SHOULDER, LUMBAR SPINE, AND CERVICAL THORACIC SPINE: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation ODG

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation MTUS: AMERICAN COLLEGE OF OCCUPATION AND ENVIRONMENTAL MEDICINE (ACOEM) 2ND EDITION, CHAPTER 7, 132-139

Decision rationale: According to pages 132-139 of the ACOEM Guidelines, functional capacity evaluations (FCEs) may be ordered by the treating physician if the physician feels the information from such testing is crucial. Though FCEs are widely used and promoted, it is important for physicians to understand the limitations and pitfalls of these evaluations. FCEs

may establish physical abilities and facilitate the return to work. However, FCEs can be deliberately simplified evaluations based on multiple assumptions and subjective factors, which are not always apparent to the requesting physician. There is little scientific evidence confirming that FCEs predict an individual's actual capacity to perform in the workplace. In this case, there was no discussion regarding the indication for a functional capacity evaluation and whether this will be crucial to the management of the patient. Furthermore, the patient is already working full duty, thus there is no clear indication for an FCE. Therefore, the request for functional capacity evaluation for the left shoulder, lumbar spine, and cervical thoracic spine is not medically necessary.