

Case Number:	CM14-0002479		
Date Assigned:	01/24/2014	Date of Injury:	04/17/2013
Decision Date:	08/06/2014	UR Denial Date:	12/09/2013
Priority:	Standard	Application Received:	01/07/2014

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 a 47-year-old female who has submitted a claim for cervical spine disc syndrome, cervical spine sprain/strain, headache, insomnia, and postconcussion syndrome associated with an industrial injury date of April 17, 2013. Medical records from 2013-2014 were reviewed. The patient complained of neck pain, rated 4/10 in severity. There were noted episodes of depression and anxiety. Physical examination showed tenderness over the paracervical muscles. There were also paracervical spasms present. Range of motion of the cervical spine was limited by pain. Spurling's, foraminal compression, and shoulder depression test was positive bilaterally. MRI of the cervical spine, dated June 21, 2013, revealed disc desiccation at C2-C3 down to C6-C7, straightening of the cervical lordosis with decreased range of motion in flexion and extension which may reflect an element of myospasms, and retention cyst in the right maxillary sinus. Treatment to date has included medications, chiropractic therapy, home exercise program, and activity modification. Utilization review, dated December 9, 2013, denied the request for 1 functional capacity evaluation between 11/18/2013 and 1/18/2014 because trial period of chiropractic care needs to be assessed first and there was no indication that the patient was being considered for a work hardening program or if complex issues were hampering case management. The request for 1 continue chiropractic treatments between 11/18/2013 and 1/18/2014 was denied as well because in order to continue treatment, the patient has to complete the previously authorized 6 visits until functional improvement was evident.

IMR ISSUES, DECISIONS AND RATIONALES

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

ONE (1) FUNCTIONAL CAPACITY EVALUATION (FCE) BETWEEN 11/18/2013 AND 1/18/2014: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation (ODG) Official Disability Guidelines, Functional Capacity Evaluation (FCE).

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(s) 132-139. Official Disability Guidelines (ODG), Fitness for Duty, Functional capacity evaluation (FCE).

Decision rationale: According to pages 132-139 of the ACOEM Guidelines referenced by CA MTUS, 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 addition, (ODG) Official Disability Guidelines recommends FCE prior to admission to a work hardening program with preference for assessments tailored to a specific task or job. FCE is considered if there is prior unsuccessful return to work attempts, and the patient is close to maximum medical improvement. In this case, a progress report dated December 16, 2013 stated that a functional capacity evaluation was requested to evaluate the current clinical orthopedic status. However, reasons for the use of such evaluation were not provided. Furthermore, there was no discussion regarding return-to-work attempts or whether the patient is close or at maximum medical improvement, which are conditions wherein an FCE may be considered. There is no clear indication for an FCE at this time. Therefore, the request for one (1) functional capacity evaluation (fce) between 11/18/2013 and 1/18/2014 is not medically necessary.

CONTINUE CHIROPRACTIC TREATMENTS BETWEEN 11/18/2013 AND 1/18/2014: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines MANUAL THERAPY & MANIPULATION.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints Page(s): 173, Chronic Pain Treatment Guidelines Manual Therapy & Manipulation Page(s): 58.

Decision rationale: The CA MTUS ACOEM Practice Guidelines 2nd Edition (2004) Chapter 8, page 173 states that using cervical manipulation may be an option for patients with neck pain or cervicogenic headache, but there is insufficient evidence to support manipulation of patients with cervical radiculopathy. In addition, according to page 58 of the Chronic Pain Medical Treatment

Guidelines regarding chiropractic treatment, there should be evidence of objective functional improvement with previous treatment and a total of up to 18 visits is supported. In this case, the rationale of the request was to improve strength, stability, ranges of motion, and decrease the pain. A progress report dated October 14, 2013 stated that the patient has received three chiropractic treatment sessions and was noted to decrease the pain on the cervical spine and decrease the need for oral medications. However, objective evidence of pain relief and functional improvement from the said sessions were not documented. Furthermore, the present request failed to specify the number of chiropractic therapy sessions. Therefore, the request for Continue Chiropractic Treatments Between 11/18/2013 AND 1/18/2014 is not medically necessary.