

Case Number:	CM14-0005867		
Date Assigned:	02/05/2014	Date of Injury:	02/07/2013
Decision Date:	07/07/2014	UR Denial Date:	12/26/2013
Priority:	Standard	Application Received:	01/15/2014

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:

This is a 44-year-old female with a 2/7/13 date of injury to her spine and shoulders after lifting a 30-pound case. The patient had a functional capacity evaluation on 3/13/13 and was not able to meet minimal functional capacity demands for her occupation. An MRI of the lumbar (L) spine revealed a slight disc bulge at L4/5 and L5/S1 consistent with age and body habitus, and was otherwise normal. An MRI of the cervical (C) spine) form 9/28/13 revealed a 2-3 mm disc bulge with moderate bilateral neural foraminal narrowing and exiting nerve root compromise. She was seen on with ongoing complaints of neck and lumbar pain. Her diagnosis is neck and lumbar sprain. She was seen on 1/22/13 for ongoing neck and low back complaints. Exam findings were unchanged from prior exam. An exam from October revealed tenderness in the C and L spine. Of note the progress notes were handwritten and partially illegible. Treatment to date: physical therapy, acupuncture, medications, LINT, FCE. A UR decision dated 12/26/13 denied the request given no rationale was given for ongoing function physical evaluation every 30 days. In addition there were no imaging or clinical findings to support the request and the patient's functional abilities can be reassessed on her clinic visit.

IMR ISSUES, DECISIONS AND RATIONALES

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

FUNCTIONAL IMPROVEMENT MEASURE EVERY 30 DAYS: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (Pain Chapter Functional Improvement measures).

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (Pain Chapter Functional Improvement measures).

Decision rationale: The MTUS does not address this issue. Per ODG, functional improvement measures are an important part of a physical exam with regards to work functions, activities of daily living, physical impairments, and orthopedic rehabilitation outcomes. This patient apparently had an FCE in March of 2013, the results of which were not made available. The patient has a diagnosis of C and L spine sprain. The progress notes are very scant with regard to complaints and exam findings. There is no rationale for this request or any documentation that would support a formal ongoing functional improvement measure every 30 days. It is unclear why any functional deficits cannot be documented on her follow up clinical exams. Regarding the request for functional improvement measure every 30 days, medical necessity was not met.