

Case Number:	CM14-0008557		
Date Assigned:	02/12/2014	Date of Injury:	08/29/2012
Decision Date:	07/14/2014	UR Denial Date:	12/24/2013
Priority:	Standard	Application Received:	01/21/2014

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 51-year-old female who has filed a claim for lumbar disc displacement and adjustment reaction with depression and anxiety secondary to chronic pain and disability associated with an industrial injury date of August 29, 2012. A review of progress notes indicates increasing pain to the neck, mid back, low back, shoulders, right hip, knees, and right foot. Findings include tenderness over the right shoulder, medial epicondyle of the right elbow, cervical, thoracic, and right lumbar regions; and trigger points in the thoracic and lumbar regions. There is mention that the patient has mild mood disturbance and mild anxiety. There is slightly decreased cervical, thoracic, and lumbar range of motion; slightly decreased motor strength of the right shoulder; and positive straight leg raise test bilaterally. The patient may return to modified work. The treatment to date has included NSAIDs, opioids, antiepilepsy drugs, TENS, physical therapy, chiropractic therapy, and home exercises. Utilization review from December 24, 2013 denied the requests for chiropractic therapy as there is no documentation regarding the outcome of previous treatments, functional capacity evaluation as there is no description of specific job requirement that the patient is expected to return to and psychiatrist as there is no information indicating psychiatric illness.

IMR ISSUES, DECISIONS AND RATIONALES

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

CHIROPRACTIC (NO FREQUENCY LISTED),: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Manual Therapy & Manipulation.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Manual therapy & manipulation Page(s): 58.

Decision rationale: California MTUS Chronic Pain Medical Treatment Guidelines state that the goal of manual therapy is to achieve positive symptomatic or objective measurable functional improvement that facilitate progression in the patient's therapeutic exercise program and return to productive activities. For the low back, trial of 6 visits is recommended, and with evidence of objective functional improvement, a total of up to 18 visits is supported. In addition, elective/maintenance care is not medically necessary. The requested quantity and body part to which these sessions are directed to are not specified. Therefore, the request for chiropractic therapy was not medically necessary.

FCE (FUNCTIONAL CAPACITY EVALUATION): Upheld

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

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) Independent Medical Examinations and Consultations, Pages 132-139 and the Official Disability Guidelines (ODG) Fitness for Duty, Functional Capacity Evaluation (FCE).

Decision rationale: As stated on pages 132-139 of the California MTUS ACOEM Guidelines, functional capacity evaluations (FCEs) may be ordered by the treating physician if the physician feels the information from such testing is crucial. FCEs may establish physical abilities and facilitate the return to work. There is little scientific evidence confirming that FCEs predict an individual's actual capacity to perform in the workplace. According to ODG, functional capacity evaluations (FCEs) are recommended prior to admission to a work hardening program, with preference for assessments tailored to a specific task or job. They are not recommended for routine use as part of occupational rehab or screening, or generic assessments. Consider an FCE if case management is hampered by complex issues such as prior unsuccessful RTW attempts, conflicting medical reporting on precautions or fitness for modified job, and injuries that require detailed exploration of a worker's abilities. In this case, the requesting physician indicates that an FCE is needed to confirm the job responsibilities of the patient as a special education trainee, and if modifications to working conditions are necessary. However, there is no documentation regarding a work hardening program, of unsuccessful return-to-work attempts, or issues of conflicting medical reports regarding fitness for modified job. Progress notes indicate that the patient is allowed to return to modified duty with certain restrictions. Therefore, the request for FCE (functional capacity evaluation) was not medically necessary.

PSYCHIATRIST CONSULTATION: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation ACOEM Guidelines, Chapter 7, Page 127.

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) Independent Medical Examinations and Consultations, Pages 127 and 156.

Decision rationale: As stated on pages 127 and 156 of the ACOEM Independent Medical Examinations and Consultations Guidelines referenced by California MTUS, occupational health practitioner may refer to other specialists if a diagnosis is uncertain or extremely complex, when psychosocial factors are present, or when the plan or course of care may benefit from additional expertise. There is mention that the patient has mild mood disturbance and mild anxiety. The requesting physician indicates that a psychiatric consultation is necessary as part of an ongoing evaluation of continued use of pain medications and coping ability. However, recent progress notes do not document the patient's psychological symptoms. Additional information is necessary at this time. Therefore, the request for psychiatrist consultation was not medically necessary.