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| Case Number: | CM14-0019775 | | |
| Date Assigned: | 02/21/2014 | Date of Injury: | 11/24/2008 |
| Decision Date: | 07/25/2014 | UR Denial Date: | 12/05/2013 |
| Priority: | Standard | Application Received: | 01/02/2014 |

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 39-year-old male who has filed a claim for degenerative disc disease of the cervical spine associated with an industrial injury date of November 24, 2008. Review of progress notes indicates neck, mid back, and low back pain. Patient reports occasional numbness in the hands, episodes of dropping things, and waking up at night due to the numbness. Patient is working in a modified capacity. Findings include tenderness over the left cervical region; decreased cervical, thoracic, and lumbar ranges of motion; decreased sensation in the right C5 and L4 dermatomes; and positive Tinel's on the right. Regarding the shoulders, findings include positive subacromial bursitis bilaterally, positive impingement bilaterally, and positive AC joint symptoms with direct palpation or cross arm testing on the left. X-rays of the shoulders dated November 22, 2013 showed calcific tendinosis of the rotator cuff region on the right; and mild-moderate AC degenerative joint disease on the left. MRI of the cervical spine dated October 30, 2012 showed degenerative disc disease with retrolisthesis at C4-5 and C5-6, and moderate right neuroforaminal narrowing at C5-6. MRI of the thoracic spine showed degenerative disc disease with multifocal protrusions, most pronounced at T6-7 and T8-9 with mild to moderate stenosis and distortion of the thoracic cord. Electrodiagnosic study of the upper extremities dated June 24, 2012 was normal. Treatment to date has included NSAIDs, muscle relaxants, opioids, topical analgesics, physical therapy, acupuncture, chiropractic therapy, cervical epidural steroid injection, medial branch blocks, and rhizotomy. Utilization review from December 05, 2013 denied the requests for functional capacity evaluation as the patient has returned to work on modified duty for over a year, orthopedic consultation and evaluation as there is no need for more than 1 physician to be involved in the process of impairment rating, and discogram as guidelines do not recommend this procedure.

IMR ISSUES, DECISIONS AND RATIONALES

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

FUNCTIONAL CAPACITY 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) Fitness for Duty, FCEs.

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 chapter, Functional capacity evaluation (FCE) Other Medical Treatment.

Decision rationale: As stated on pages 132-139 of the CA 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 patient is still currently working, albeit in a modified capacity. The submitted progress notes document the functional and work restrictions for this patient. There is no indication for a functional capacity evaluation at this time. Therefore, the request for functional capacity evaluation was not medically necessary.

ORTHOPEDIC CONSULTATION AND EVALUATION REGARDING BILATERAL SHOULDERS: 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 chapter, pages 127 and 156.

Decision rationale: As stated on pages 127 and 156 of the ACOEM Independent Medical Examinations and Consultations Guidelines referenced by CA 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. In this case, there is no documentation regarding the patient's subjective complaints

with regards to the shoulders. Findings show bilateral shoulder subacromial bursitis and impingement. However, there is no documentation regarding previous therapies, or of treatment complications, to support this request. Therefore, the request for orthopedic consultation and evaluation regarding bilateral shoulders was not medically necessary.

DISCOGRAM: 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) Neck and Upper Back, Discogram.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Neck and Upper Back chapter, Discography.

Decision rationale: The CA MTUS does not address this topic. Per the Strength of Evidence hierarchy established by the California Department of Industrial Relations, Division of Workers' Compensation, ODG was used instead. According to ODG, discography is not recommended due to conflicting evidence for its use. In this case, the requesting physician notes that a CT discogram is necessary as the patient is a possible surgical candidate. However, the request failed to specify intended levels for evaluation. In addition, psychological clearance was not obtained. There is no evidence that the patient meets surgical fusion criteria; and the intent to rule out a potential fusion level is not clear. Therefore, the request for discogram was not medically necessary.