

Case Number:	CM14-0112920		
Date Assigned:	08/20/2014	Date of Injury:	10/12/2013
Decision Date:	09/24/2014	UR Denial Date:	07/09/2014
Priority:	Standard	Application Received:	07/18/2014

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 Physical Medicine and Rehabilitation, has a subspecialty in Pain Medicine and is licensed to practice in California and Washington. 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 injured worker is a 63-year-old male who reported an injury on 10/12/2013. The mechanism of injury was not submitted in the report. The injured worker has diagnoses of right cervical radiculopathy in the distribution of right C6 to C7 nerve root, superimposed cervical sprain, and pre-existing peripheral polyneuropathy secondary to diabetes mellitus. The injured worker is 8 months post-surgery. The injured worker's past medical treatment consists of acupuncture, physical therapy, cervical epidural injections, and medication therapy. On 06/18/2014, the injured worker was seen for cervical spine pain. Physical examination of the cervical spine revealed flexion of 35 out of 45 degrees, extension 35 out of 55 degrees, left rotation of 45 out of 70 degrees, right rotation of 45 out of 70 degrees, left bending of 20 degrees out of 40 degrees, and right bending of 20 out of 40 degrees. Examination revealed tenderness over the splenius capitis/cervicis of upper trapezius muscles bilaterally. Motor strength revealed 5/5 deltoids, 5/5 biceps, 4/5 triceps, 5/5 extensor carpi radialis, 5/5 flexor digitorum profundus, and 5/5 interossei bilaterally. The exam revealed no sensory deficits to light touch. Treatment plan is for the injured worker to continue work hardening sessions and baseline work capacity evaluation. The provider feels that work capacity evaluations should continue due to the lack of changes in work status at this time to the injured worker. The Request for Authorization was not submitted for review.

IMR ISSUES, DECISIONS AND RATIONALES

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

Baseline work capacity evaluation: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Work hardening programs; Criteria for admission to a Work Hardening (WH) Program: and Functional capacity evaluations (FCEs).

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 2 General Approach to Initial Assessment and Documentation Page(s): 30-32.

Decision rationale: The California MTUS states that an adequate and thorough evaluation needs to be made, including baseline functional testing, so the follow-up with the same test can note functional improvement; previous methods of treating chronic pain have been unsuccessful; and there is an absence of other options likely to result in significant clinical improvement; the injured worker had a significant loss of ability to function independently resulting from the chronic pain; the injured worker is not a candidate where surgery or other treatments would clearly be warranted; and the injured worker exhibits motivation to change. Negative predictors of success should also be addressed. Functional restoration treatment is not suggested for longer than 2 weeks without evidence of demonstrated efficacy as documented by subjective and objective gains. Total treatment duration should generally not exceed 20 full day sessions and treatment duration in excess of 20 sessions requires a clear rationale for the specific extension and reasonable goals to be achieved. There was a lack of measurable baseline evidence against which to measure the efficacy of a Functional Restoration Program. Additionally, there was a lack of evidence that the injured worker had failed conservative treatment, to include physical medicine and medication therapy. There was also a lack of documentation of other treatments that the injured worker underwent previously with measurement of progress, as well as the efficacy of prior treatments. As such, the request for baseline work capacity evaluation is not medically necessary.

4 Hour Work hardening x10 sessions: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Criteria for admission to a Work Hardening (WH) Program: and Functional capacity evaluations (FCEs).

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 5 Cornerstones of Disability Prevention and Management Page(s): 77-89. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Fitness for Duty, Functional Capacity Evaluation.

Decision rationale: The California MTUS ACOEM states that a Functional Capacity Evaluation may be necessary to obtain a more precise delineation of the injured worker's capabilities. The Official Disability Guidelines further state that Functional Capacity Evaluation is recommended and may be used prior to admission to a work hardening program with preference for assessment tailored to a specific job or task. Functional Capacity Evaluations are not recommended for routine use. Given that the submitted report did reveal objective findings upon physical examination demonstrating functional deficit, the submitted report also lacked evidence of how a Functional Capacity Evaluation will aid the provider in an evolving treatment plan or goals for the injured worker. There was also a lack of documentation of other treatments the injured

worker underwent previously and the measurement of progress, as well as the efficacy of the prior treatments. Therefore, the request for 4 Hour work hardening x10 sessions is not medically necessary.