

Case Number:	CM14-0113280		
Date Assigned:	09/22/2014	Date of Injury:	08/23/2013
Decision Date:	10/21/2014	UR Denial Date:	06/17/2014
Priority:	Standard	Application Received:	07/21/2014

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 Physical Medicine and Rehabilitation, has a subspecialty in Pain Management 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 63-year-old female with an injury date of 08/23/2013. Based on the 06/04/2014 progress report, the patient complains of having left shoulder pain, lumbar spine pain, and left hip pain. The patient's left shoulder pain is described as being intermittent and moderate. Her pain is aggravated by using the arms. In regards to her lumbar spine, the patient has moderate to severe pain which can also be described as being sharp. This lumbar spine pain is aggravated by bending forward at the waist. The patient has constant severe pain at the left hip which is made worse by standing and walking. This left hip pain radiates down to her left foot and the patient also feels numbness over the left hip extending into the leg. There was +3 spasm and tenderness to the bilateral lumbar paraspinal muscles in L1 to S1 and multifidus. There was a trigger point in the left piriformis muscle as well. There was +4 spasm and tenderness in the left rotator cuff muscles and left upper shoulder muscles. The patient's diagnoses include the following:

1. Lumbar disk displacement with myelopathy.
2. Sciatica.
3. Left hip sprain/strain.
4. Partial tear of rotator cuff tendon of the left shoulder.

The utilization review determination being challenged is dated 06/17/2014. Treatment reports were provided from 02/28/2014 - 06/04/2014.

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: Decision based on MTUS Chronic Pain Treatment Guidelines Functional restoration programs.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Functional Capacity Evaluation Page(s): 137-139.

Decision rationale: Based on the 06/04/2014 progress report, the patient complains of having left shoulder pain, lumbar spine pain, and left hip pain. The request is for a functional capacity evaluation. Review of the reports does not provide any discussion as to why that she is requesting for a FCE. MTUS does not discuss functional capacity evaluations. "ACOEM impairment results in functional limitations...the employer or claim administrator may request functional ability evaluations...may be or by the provider or evaluating physician, if the physician feels the information from such testing is crucial." ACOEM further states "there is little scientific evidence confirming that FCE predict an individual's actual capacity to perform in the workplace." The 06/04/2014 report states, "The last day work was 08/23/2013." It appears that the patient is not currently working and there is no discussion provided as to why an FCE is needed at this time. ACOEM supports FCE if asked by the administrator, employer, or if it is deemed crucial. Per ACOEM, there is lack of evidence that FCEs predict the patient's actual capacity. Recommendation is for denial.

Topical Medication: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Topical Analgesics.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Topical Analgesics; (chronic pain section), Medications for chronic pain Page(s): 111, 60, 61.

Decision rationale: Based on the 06/04/2014 progress report, the patient complains of having left shoulder pain, lumbar spine pain, and left hip pain. The request is for topical medication but none of the reports describe what this topical medication is. The request for authorization form was not included in the file and none of the reports discuss what is being requested, how it is used, for what body and with what effectiveness. MTUS Guidelines page 111 states that topical analgesics are "primarily recommended for neuropathic pain when trials of antidepressants and anticonvulsants have failed." MTUS also discusses various topical agents that can be used for different conditions. In this case, given the lack of sufficient information regarding this request, it cannot be considered. MTUS page 60 require recording of pain and function with medications used for chronic pain. Recommendation is for denial.