

Case Number:	CM14-0132640		
Date Assigned:	08/22/2014	Date of Injury:	12/01/2013
Decision Date:	09/24/2014	UR Denial Date:	08/12/2014
Priority:	Standard	Application Received:	08/19/2014

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 Anesthesiology, 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:

According to the records made available for review, this is a 50-year-old male with a 12/1/13 date of injury. At the time (7/24/14) of request for authorization for Functional capacity evaluation, Inferential unit, 12 Chiropractic treatments for the lumbar spine, Urine drug testing, X Ray of the cervical spine, X Ray of the lumbar spine, X Ray of the Left knee, there is documentation of subjective (intermittent mild to moderate aching to sharp pain in the neck at 5/10, pain radiates to head and towards shoulders, mild weakness in arms, mild to moderate aching occipital headaches related to cervical spine pain, blurred vision, mild to moderate aching to sharp pain in the low back, especially with prolonged sitting, pain radiates to right hip and thigh, right buttock and lower extremity pain, occasional numbness and tingling in right leg, mild to severe achy to sharp pain in left knee, and knee giving way, popping and clicking) and objective (muscle spasm, tenderness along bilateral upper trapezius, suboccipitals, paravertebrals, lumbar paravertebrals, and right sacroiliac joints, spasm along quadratus lumborum and right gluteus, pain in left knee in an attempt to squat, patellofemoral pain and crepitation on range of motion, tenderness along lateral and medial joint line of left knee, McMurray and patellar grinding positive in left knee) findings, current diagnoses (cervical spine sprain/strain, cervicogenic headaches, bilateral upper extremity radiculopathy, lumbar spine sprain/strain, right lower extremity radiculopathy, and left knee sprain/strain rule out internal derangement), and treatment to date (not specified). Regarding Functional capacity evaluation, there is no documentaiton indicating case management is hampered by complex issues and timing is appropriate. Regarding Inferential unit, there is no documentation that the Inferential unit will be used in conjunction with recommended treatments, including return to work, exercise and medications, and limited evidence of improvement on those recommended treatments alone. Regarding 12 Chiropractic treatments for the lumbar spine, it cannot be

dertermined if this is a request for initial or additional chiropractic treatment. Regarding Urine drug testing, there is no documentation of abuse, addiction, or poor pain control in patient under on-going opioid treatment. Regarding X Ray of the cervical spine, there is no documentation of emergence of red flag, physiological evidence of tissue insult or neurologic dysfunction, failure to progress in a strengthening program intended to avoid surgery, or clarification of anatomy prior to an invasive procedure. Regarding X Ray of the lumbar spine, there is no documentation of documentation of red flag diagnoses; unequivocal objective findings that identify specific nerve compromise on the neurologic examination, do not respond to treatment, and who would consider surgery. Regarding X Ray of the Left knee, there is no documentation of failure of conservative care; suspected fracture; joint effusion within 24 hours of direct blow or fall; palpable tenderness over fibular head or patella; inability to walk (four steps) or bear weight immediately or within a week of the trauma; and/or inability to flex knee to 90 degrees.

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 Guideline (ODG).

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Fitness For Duty, Functional capacity evaluation (FCE); American College of Occupational and Environmental Medicine (ACOEM), 2nd Edition, (2004) Independent Medical Examinations and Consultations, page(s) 137-138.

Decision rationale: MTUS reference to ACOEM guidelines identifies that functional capacity evaluations (FCE) may establish physical abilities and also facilitate the examinee/employer relationship for return to work. ODG identifies documentation indicating case management is hampered by complex issues (prior unsuccessful RTW attempts, conflicting medical reporting on precautions and/or fitness for modified job, injuries that require detailed exploration of a worker's abilities); and timing is appropriate (Close to or at MMI/all key medical reports secured and additional/secondary conditions have been clarified), as criteria necessary to support the medical necessity of a functional capacity evaluation. Within the medical information available for review, there is documentation of diagnoses of cervical spine sprain/strain, cervicogenic headaches, bilateral upper extremity radiculopathy, lumbar spine sprain/strain, right lower extremity radiculopathy, and left knee sprain/strain rule out internal derangement. However, there is no documentation indicating case management is hampered by complex issues (prior unsuccessful RTW attempts, conflicting medical reporting on precautions and/or fitness for modified job, injuries that require detailed exploration of a worker's abilities); and timing is appropriate (Close to or at MMI/all key medical reports secured and additional/secondary conditions have been clarified). Therefore, based on guidelines and a review of the evidence, the request for Functional capacity evaluation is not medically necessary.

Inferential unit: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines INTERFERENTIAL CURRENT STIMULATION (ICS) Page(s): 118-120.

Decision rationale: MTUS Chronic Pain Medical Treatment Guidelines identifies that interferential current stimulation is not recommended as an isolated intervention and that there is no quality evidence of effectiveness except in conjunction with recommended treatments, including return to work, exercise and medications, and limited evidence of improvement on those recommended treatments alone. Within the medical information available for review, there is documentation of diagnoses of cervical spine sprain/strain, cervicogenic headaches, bilateral upper extremity radiculopathy, lumbar spine sprain/strain, right lower extremity radiculopathy, and left knee sprain/strain rule out internal derangement. However, there is no documentation that the Inferential unit will be used in conjunction with recommended treatments, including return to work, exercise and medications, and limited evidence of improvement on those recommended treatments alone. Therefore, based on guidelines and a review of the evidence, the request for Inferential unit is not medically necessary.

12 Chiropractic treatments for the lumbar spine: Upheld

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

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 298-299, Chronic Pain Treatment Guidelines MANUAL THERAPY & MANIPULATION Page(s): 58.

Decision rationale: MTUS reference to ACOEM identifies documentation of objective functional deficits and functional goals as criteria necessary to support the medical necessity of chiropractic treatment. In addition, MTUS Chronic Pain Medical Treatment Guidelines supports a trial of 6 visits, with evidence of objective functional improvement, total of up to 18 visits. Within the medical information available for review, there is documentation of diagnoses of cervical spine sprain/strain, cervicogenic headaches, bilateral upper extremity radiculopathy, lumbar spine sprain/strain, right lower extremity radiculopathy, and left knee sprain/strain rule out internal derangement. However, given documentation of a 12/1/13 date of injury, where there would have been an opportunity to have had previous chiropractic therapy, it is not clear if this is a request for initial or additional (where chiropractic therapy provided to date may have already exceeded guidelines regarding a time-limited plan and there is the necessity of documenting functional improvement) chiropractic therapy. Therefore, based on guidelines and a review of the evidence, the request for 12 Chiropractic treatments for the lumbar spine is not medically necessary.

Urine drug testing: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines ON-GOING MANAGEMENT Page(s): 78.

Decision rationale: MTUS Chronic Pain Medical Treatment Guidelines identifies documentation of abuse, addiction, or poor pain control in patient under on-going opioid treatment, as criteria necessary to support the medical necessity of Urine Drug Screen. Within the medical information available for review, there is documentation of diagnoses of cervical spine sprain/strain, cervicogenic headaches, bilateral upper extremity radiculopathy, lumbar spine sprain/strain, right lower extremity radiculopathy, and left knee sprain/strain rule out internal derangement. However, there is no documentation of abuse, addiction, or poor pain control in patient under on-going opioid treatment. Therefore, based on guidelines and a review of the evidence, the request for Urine drug testing is not medically necessary.

X Ray of the cervical spine: Upheld

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

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints Page(s): 177-178.

Decision rationale: MTUS reference to ACOEM guidelines identifies documentation of emergence of red flag, physiological evidence of tissue insult or neurologic dysfunction, failure to progress in a strengthening program intended to avoid surgery, or clarification of anatomy prior to an invasive procedure, as criteria necessary to support the medical necessity of cervical spine x-rays. Within the medical information available for review, there is documentation of diagnoses of cervical spine sprain/strain, cervicogenic headaches, bilateral upper extremity radiculopathy, lumbar spine sprain/strain, right lower extremity radiculopathy, and left knee sprain/strain rule out internal derangement. However, despite documentation of subjective (intermittent mild to moderate aching to sharp pain in the neck at 5/10, pain radiates to head and towards shoulders, mild weakness in arms, mild to moderate aching occipital headaches related to cervical spine pain) and objective (tenderness along bilateral upper trapezius, suboccipitals, paravertebrals) findings, there is no documentation of emergence of red flag, physiological evidence of tissue insult or neurologic dysfunction, failure to progress in a strengthening program intended to avoid surgery, or clarification of anatomy prior to an invasive procedure. Therefore, based on guidelines and a review of the evidence, the request for X Ray of the cervical spine is not medically necessary.

X Ray of the lumbar spine: Upheld

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

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 303. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Low Back - Lumbar and Thoracic, Radiography (x-rays).

Decision rationale: MTUS reference to ACOEM identifies documentation of red flag diagnoses; unequivocal objective findings that identify specific nerve compromise on the neurologic examination, do not respond to treatment, and who would consider surgery, as criteria necessary to support the medical necessity of lumbar spine x-rays. ODG identifies documentation of a diagnosis/condition (with supportive subjective/objective findings) for which lumbar x-rays are indicated [such as: lumbar spine trauma (pain, tenderness, neurological deficit, seat belt (chance) fracture); uncomplicated low back pain (trauma, steroids, osteoporosis, over 70; suspicion of cancer, infection); myelopathy (traumatic, infectious disease patient, and/or oncology patient)] to support the medical necessity of lumbar x-rays. Within the medical information available for review, there is documentation of diagnoses of cervical spine sprain/strain, cervicogenic headaches, bilateral upper extremity radiculopathy, lumbar spine sprain/strain, right lower extremity radiculopathy, and left knee sprain/strain rule out internal derangement. In addition, given documentation of subjective (mild to moderate aching to sharp pain in the low back, especially with prolonged sitting, pain radiates to right hip and thigh) and objective (tenderness along lumbar paravertebrals) findings, there is documentation of diagnosis/condition for which lumbar x-rays are indicated (uncomplicated low back pain). However, there is no documentation of documentation of red flag diagnoses; unequivocal objective findings that identify specific nerve compromise on the neurologic examination, do not respond to treatment, and who would consider surgery. Therefore, based on guidelines and a review of the evidence, the request for X Ray of the lumbar spine is not medically necessary.

X Ray of the Left knee: Upheld

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

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 13 Knee Complaints Page(s): 341-343.

Decision rationale: MTUS reference to ACOEM identifies documentation of failure of conservative care; suspected fracture; joint effusion within 24 hours of direct blow or fall; palpable tenderness over fibular head or patella; inability to walk (four steps) or bear weight immediately or within a week of the trauma; and/or inability to flex knee to 90 degrees, as criteria necessary to support the medical necessity of knee radiographs. Within the medical information available for review, there is documentation of diagnoses of cervical spine sprain/strain, cervicogenic headaches, bilateral upper extremity radiculopathy, lumbar spine sprain/strain, right lower extremity radiculopathy, and left knee sprain/strain rule out internal derangement. However, despite documentation of subjective (mild to severe achy to sharp pain in left knee at, knee giving way and popping and clicking) and objective (pain in left knee in an attempt to squat, patellofemoral pain and crepitation on range of motion, tenderness along lateral and medial joint line of left knee, McMurray and patellar grinding positive in left knee) findings, there is no documentation of failure of conservative care; suspected fracture; joint effusion

within 24 hours of direct blow or fall; palpable tenderness over fibular head or patella; inability to walk (four steps) or bear weight immediately or within a week of the trauma; and/or inability to flex knee to 90 degrees. Therefore, based on guidelines and a review of the evidence, the request for X Ray of the Left knee is not medically necessary.