

Case Number:	CM14-0132946		
Date Assigned:	09/18/2014	Date of Injury:	03/31/2010
Decision Date:	11/21/2014	UR Denial Date:	07/23/2014
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 Osteopathic Family Practice 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 37-year-old male who sustained an industrial injury on March 31, 2010. The patient is a customer service representative and technician who developed a burning left hip and groin pain when lifting a printer. He developed similar pain on the right side but not as severe as the contralateral left side. The patient is diagnosed with left lumbar spine radiculopathy, left trochanteric bursitis, and sleep disorder. As noted in the utilization review letter, the patient was seen on July 8, 2014 at which time he complained of constant mild left hip pain with some numbness. He also complained of radiating pain down the left side. He complained of numbness and stiffness in the left lower extremity making it difficult to walk. He reported popping and grinding in the hip area/joint. The patient also complained of sleep loss. Examination revealed tenderness along the left L5-S1 and left greater trochanter. Functional capacity evaluation, chiropractic treatment of the lumbar spine and psychological evaluation was requested. The patient was released to full duty on July 8, 2014. It should be noted that the July 8, 2014 report has not been submitted for this review. Utilization review on July 23, 2014 recommended to non-certify the request for functional capacity evaluation. The request for chiropractic treatment to lumbar spine times 12 were modified to allow an initial 6 sessions. The request for psychiatric/psychology consultation and an AOE/CO eval/treatment was non-certified as well. An orthopedic panel QME reevaluation was performed on July 8, 2014. The report is dated August 4, 2014. It is noted that the patient continues to work in his usual and customary capacity currently. The patient has not had any trouble working. The QME diagnosed the patient with left hip pain status post injury probably soft tissues/muscular with bursitis, resolved on the right, but persistent on the left. The QME noted that no additional office-based or physician supervised care is currently necessary but the patient may access orthopedic reevaluation and treatment from time to time in the future. The QME also noted that in the event of an exacerbation, care should

include oral medications, injections, land and pool physical therapy. If he fails to derive adequate relief from conservative treatment, testing would be warranted. The QME lastly noted that surgery does not appear to be necessary, but it would depend on future testing.

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 ACOEM Page(s): 137-138.
Decision based on Non-MTUS Citation ODG Fitness for duty regarding FCE

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, FCE American College of Occupational and Environmental Medicine (ACOEM), 2nd Edition, (2004), chapter 7, page 137 to 138

Decision rationale: The medical records do not establish a rationale for a functional capacity evaluation. There is indication in the medical records that the patient is working full duty in his usual and customary position. In fact, page 2 of the QME specifically states that the patient has not had any trouble working. There is no indication in the medical records that the patient has been unable to successfully perform his duties. As such, the request for functional capacity evaluation is not medically necessary and would not be indicated for this patient.

Chiropractic treatment 3 times 4 (12 visits lumbar spine): Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Manual therapy.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Manual therapy and manipulation Page(s): 58-59.

Decision rationale: The CA MTUS guidelines recommend a trial of six sessions of chiropractic treatments for the lumbar spine. In this case, the medical records indicate that utilization review modified to allow an initial six sessions of chiropractic care to the lumbar spine. As with any treatment modality, an initial trial period would be recommended to determine if additional treatment would be supported. As such the request for chiropractic 3 times 4 for the lumbar spine is not medically necessary.

Psychiatric/Psychology consultation: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Page(s): 127.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 15 Stress Related Conditions Page(s): 398, Chronic Pain Treatment Guidelines Psychological evaluations Page(s): 100-101.

Decision rationale: The medical records do not establish psychological concerns to support the request for a psychological evaluation. The most recent QME also did not indicate any psychological concerns. In the absence of detailed examination findings indicating psychological factors such as anxiety or depression, the request for psychological consultation would not be supported.