

Case Number:	CM14-0176069		
Date Assigned:	10/29/2014	Date of Injury:	03/02/2001
Decision Date:	12/05/2014	UR Denial Date:	10/07/2014
Priority:	Standard	Application Received:	10/23/2014

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 Neurology, has a subspecialty in Neuromuscular Medicine and is licensed to practice in New Jersey. 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 47-year-old woman who sustained a work-related injury on March 2, 2001. Sequentially, she developed chronic neck pain. According to a progress report dated on August 19 2014, the injured worker underwent anterior cervical discectomy and fusion at C6-C7 on 2006, anterior cervical decompression on 2011. On 2013, a functional restoration program was recommended after a functional capacity evaluation has been performed. There is no documentation of functional improvement after performing the treatment program. Her physical examination showed cervical tenderness with reduced range of motion. Examination of lumbar spine demonstrated lumbar tenderness with reduced range of motion. The injured worker gait was unsteady with wide based gait. The provider request authorization for a functional capacity evaluation and transdermal epidural injection of the cervical spine.

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 Improvement Measures Page(s): 48.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Guidelines Assessing Red Flags and Indication for Immediate Referral Page(s): 32-33; 171.

Decision rationale: According to MTUS guidelines, the presence of red flags may indicate the need for specialty consultation. In addition, the requesting physician should provide a documentation supporting the medical necessity for a pain management evaluation with a specialist. The documentation should include the reasons, the specific goals and end point for using the expertise of a specialist. In the chronic pain programs, early intervention section of MTUS guidelines stated: < Recommendations for identification of patients that may benefit from early intervention via a multidisciplinary approach: (a) the patient's response to treatment falls outside of the established norms for their specific diagnosis without a physical explanation to explain symptom severity. (b) The patient exhibits excessive pain behavior and/or complaints compared to that expected from the diagnosis. (c) There is a previous medical history of delayed recovery. (d) The patient is not a candidate where surgery or other treatments would clearly be warranted. (e) Inadequate employer support. (f) Loss of employment for greater than 4 weeks. The most discernable indication of at risk status is lost time from work of 4 to 6 weeks. (Mayer 2003) >. There is no documentation that the injured worker condition requires functional capacity evaluation. There is no strong scientific evidence that functional capacity evaluation predicts the injured worker ability to perform his work. In addition, the provider should document that the injured worker reached his MMI. The requesting physician should provide a documentation supporting the medical necessity for this evaluation. The documentation should include the reasons, the specific goals and end point for Functional Capacity Evaluation. There is no documentation of benefit from the previous Functional capacity evaluation. Therefore, the request for Functional Capacity Evaluation is not medically necessary.

Translaminar Epidural C7-T1 via Catheter to CA: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Epidural Steroid Injections Page(s): 46.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints Page(s): 173, 309.

Decision rationale: According to MTUS guidelines, cervical epidural corticosteroid injections are of uncertain benefit and should be reserved for patients who otherwise would undergo open surgical procedures for nerve root compromise. Epidural steroid injection is optional for radicular pain to avoid surgery. It may offer short term benefit; however there is no significant long term benefit or reduction for the need of surgery. Furthermore, the injured worker file does not document that the injured worker is candidate for surgery. There is no clinical, electrodiagnostic and radiological evidence of radiculopathy. MTUS guidelines do not recommend epidural injections for neck pain without documentation of radiculopathy. Therefore, the request for Translaminar Epidural C7-T1 via Catheter to CA is not medically necessary.