

Case Number:	CM14-0185395		
Date Assigned:	11/12/2014	Date of Injury:	02/17/2014
Decision Date:	12/31/2014	UR Denial Date:	11/05/2014
Priority:	Standard	Application Received:	11/05/2014

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. 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 31 year-old male with an original date of injury on 2/17/2014. The patient was working as an oral surgeon assistant when he was injured. The industrially related diagnoses are fractured right wrist, rib fractures on the right side, lumbar disc displacement with myelopathy, thoracic disc displacement without myelopathy, tear of the medial meniscus of the right knee, bursitis of the right knee, and left ankle sprain/strain. The patient was using back brace, given oral medication including Norco for pain, and conservative therapy including acupuncture and home exercise programs. The disputed issues are one follow up visit, functional capacity evaluation, initial consultation with pain management with a specific provider, and an electromyogram/nerve conduction study of bilateral lower extremities. A utilization review dated 11/5/2014 has non-certified these requests. The stated rationale for denial for one follow up visit was the patient has chronic pain and had extensive conservative care with no documentation for change in symptoms or increase in function. The injuries were 9 months ago, and the fractures and ankle sprain should have healed fully at this point. There were no treatment plans documented for the knee pain, which appears to be stable in symptoms over time. Therefore, the follow up visit is not medically necessary. The functional capacity evaluation was denied on the basis of lack of information regarding the job that the claimant will be returning to, and the functional demands of that position. In addition, there's lack of documentation of why the patient could not return to work given his diagnosis and the length of time since the injury. Therefore, this request is not medically necessary. With regards to the electromyogram and nerve conduction study, the provided documentation failed to indicate how the study will change treatment plan, or whether there is a change in the medical condition that would warrant the ordering of this neurological study. With regards to the initial consult to pain management, the request for the consultation was deemed necessary given patient's history of chronic pain despite

conservative management. However, the request was denied because a specific provider was requested.

IMR ISSUES, DECISIONS AND RATIONALES

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

Follow up visit x1: Overturned

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation ODG-Pain chapter-Office visits

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Chronic Pain Chapter, Office visits

Decision rationale: Regarding the request for a follow-up visit, California MTUS does not specifically address the issue. ODG cites that "the need for a clinical office visit with a health care provider is individualized based upon a review of the patient concerns, signs and symptoms, clinical stability, and reasonable physician judgment. The determination is also based on what medications the patient is taking, since some medicines such as opiates, or medicines such as certain antibiotics, require close monitoring. Within the documentation available for review, it is noted that the patient is currently taking Norco medication for chronic pain that warrants routine reevaluation for efficacy and continued need. Therefore, follow up visit is medically necessary at this time.

Functional Capacity Evaluation (FCE) x 1: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Functional capacity evaluations (FCEs).

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 1 Prevention Page(s): 12. Decision based on Non-MTUS Citation American College of Occupational and Environmental Medicine Chapter 7, Pages 137-138. Official Disability Guidelines (ODG), Fitness for Duty Chapter, Functional Capacity Evaluation.

Decision rationale: Regarding request for functional capacity evaluation, Occupational Medicine Practice Guidelines state that there is not good evidence that functional capacity evaluations are correlated with a lower frequency of health complaints or injuries. ODG states that functional capacity evaluations are recommended prior to admission to a work hardening program. The criteria for the use of a functional capacity evaluation includes case management being hampered by complex issues such as prior unsuccessful return to work attempts, conflicting medical reporting on precautions and/or fitness for modified job, or injuries that require detailed explanation of a worker's abilities. Additionally, guidelines recommend that the patient be close to or at maximum medical improvement with all key medical reports secured and additional/secondary conditions clarified. Within the documentation available for review, there is no indication that there has been prior unsuccessful return to work attempts, conflicting

medical reporting, or injuries that would require detailed exploration. In the absence of clarity regarding those issues, the currently requested functional capacity evaluation is not medically necessary.

NCV/EMG of the bilateral lower extremities x 1: Overturned

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation ODG Low Back

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 303.

Decision rationale: Regarding the request for NCV/EMG of the lower extremities, ACOEM Practice Guidelines state that unequivocal objective findings that identify specific nerve compromise on the neurologic exam are sufficient evidence to warrant imaging in patients who do not respond to treatment and who would consider surgery. When a neurologic examination is less clear however, further physiologic evidence of nerve dysfunction should be obtained before ordering an imaging study. The guidelines further specify that electromyography may be useful to identify subtle focal neurologic dysfunction in patients with low back symptoms lasting more than 3 to 4 weeks. Within the documentation available for review, on a progress note dating on 6/13/2014 indicated a positive straight leg raise test. On a separate note dating on 10/21/2014, there's documentation on MRI finding of bilateral L5 nerve root abutment and patient has symptoms of tingling and numbness. The patient has been shown to failed conservative treatment such as oral medications and home exercise program, and having persistent pain despite acupuncture sessions. The currently requested electromyogram (EMG) and NCV of the lower extremities are medically necessary.

Initial evaluation for pain management: Overturned

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation ODG-Pain Chapter-Office visits

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation American College of Occupational and Environmental Medicine (ACOEM), 2nd Edition, (2004) Occupational Medicine Practice Guidelines, Independent Medical Examinations and Consultations Chapter 7, page 127

Decision rationale: Based on the submitted documentation, the patient has persistent pain despite conservative management with oral medication, therapy sessions, and wearing back brace. There is documentation of MRI finding of L5 level abutment resulting in neurological symptoms of tingling and numbness in this patient. The request to see a pain management consultant is appropriate at this time. The original ordering physician has specified a particular pain management doctor. The independent review process cannot decided on which provider the patient should see, but the medical necessity of the pain management consult is established in this case.