

<b>Case Number:</b>	CM14-0037920		
<b>Date Assigned:</b>	06/25/2014	<b>Date of Injury:</b>	04/24/2012
<b>Decision Date:</b>	07/28/2014	<b>UR Denial Date:</b>	03/17/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	03/31/2014

### 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 & Rehabilitation 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:

This patient sustained an injury on 4/24/12 while employed by [REDACTED]. Request(s) under consideration include Functional Capacity Evaluation and Left cervical medial branch block C5-6 and C6-7. Diagnoses include Ankle and Foot sprains/strains; cervicgia; lumbago; and Long-term use of medications. The patient had recent 6 additional session of PT approved by the claims examiner on 2/14/14. Report of 2/11/14 from the provider noted the patient with continued neck pain and stiffness with tenderness to bilateral forearms now increasing. The patient underwent cervical radiofrequency ablation in the past about 1 year ago which helped with pain and stiffness for about 8-9 months. The patient continues with lower back pain and some leg pain at night. He also presented with ankle pain on left and constant shoulder pain. Medications help pain scale to 5/10. Medications list Omeprazole, Relafen, Prilosec, and Norco. Except for vital signs, exam was not performed/documented. Treatment included meds refill and UDS, repeat left cervical RF. Request(s) for Functional Capacity Evaluation and Left cervical medial branch block C5-6 and C6-7 were non-certified on 3/17/14 citing guidelines criteria and lack of medical necessity.

### 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.

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation ACOEM Practice Guidelines, Chapter 7, Independent Medical Examinations and Consultations, pages 137-138.

**Decision rationale:** Per the patient's provider, the patient has not reached maximal medical improvement and continues to treat for chronic pain symptoms with current request for cervical epidural steroid injection. Current review of the submitted medical reports has not adequately demonstrated the indication to support for the request for Functional Capacity Evaluation as the patient continues to actively treat and is disabled, without return to any form of modified work trial. Additionally, it appears the patient has been laid off since 2012 with no mention of current work status or what job duties are anticipated. Per the ACOEM Treatment Guidelines on the Chapter for Independent Medical Examinations and Consultations regarding Functional Capacity Evaluation, there is little scientific evidence confirming FCEs' ability to predict an individual's actual work capacity as behaviors and performances are influenced by multiple nonmedical factors which would not determine the true indicators of the individual's capability or restrictions. The Functional Capacity Evaluation is not medically necessary and appropriate.

**Left cervical medial branch block C5-6 and C6-7:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines-TWC Neck and Upper Back Procedure Summary.

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints Page(s): 174. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain Chapter.

**Decision rationale:** Guidelines clearly do not support facet blocks for acute, subacute, or chronic cervical pain and note there is only moderate evidence that intra-articular facet injections are beneficial for short-term improvement and limited for long-term improvement. Conclusions drawn were that intra-articular steroid injections of the facets have very little efficacy in patients and needs additional studies. There is no report for electrodiagnostic studies, MRI reports, or clinical findings to suggest facet arthropathy for this chronic injury of 2012 with ongoing pain and unchanged functional status from previous history of RFA as noted by change in medications profile or work status. Submitted reports have no indication for failed conservative trial for diagnoses of cervicgia nor were there any clinical findings suggestive of facet arthrosis. Criteria per Guidelines have not been met. The Left cervical medial branch block at C5-6 and C6-7 is not medically necessary and appropriate.