

Case Number:	CM14-0044758		
Date Assigned:	07/09/2014	Date of Injury:	06/27/2012
Decision Date:	08/13/2014	UR Denial Date:	03/13/2014
Priority:	Standard	Application Received:	03/20/2014

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 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 47-year-old male who reported an injury on 06/27/2002 due to some boxes falling on top of his neck and head. The injured worker complained of neck, right shoulder and arm pain. It was noted that it was a constant pain. He also stated that the pain radiated down to the arm and the right side of the body down to the toes. He rated his pain at an 8/10. He stated that there was numbness and tingling involving the entire right side of the body. The physical examination dated 06/21/2014 revealed that there was tenderness around the right shoulder. There was mild limitation of the right shoulder joint motion. Right/left abduction was 150/180 degrees. Flexion was 150/80 degrees; extension was 30/50 degrees. Adduction was 50/50 degrees, and internal rotation was 70/90 degrees. External rotation was 90/90 degrees. Muscle motor strength was intact on resistance. There was some small collapsing-type motor weakness in the right upper and lower extremities. His tone was normal. No abnormal movements were noted. Sensory examination revealed diminished perception to pinprick in the right upper and lower extremities. Vibration and position sensations were intact. The reflexes of the biceps, triceps, brachioradialis, patellae and Achilles tendon reflexes were normal. Examination of the cervical spine revealed tenderness in the cervical region, right greater than left. Cervical spine motions were measured using 2 inclinometers. At the T1 level, flexion was 0/0/0 degrees, extension 0/0/0 degrees, right lateral bending 0/0/0 degrees and left lateral bending 0/0/0 degrees. At the olecranon flexion was 40/40/40 degrees, extension 45/45/45 degrees, right lateral bending 35/35/35 degrees, left lateral bending 40/40/40 degrees, right lateral rotation 45/50/45 degrees and left lateral rotation 50/50/50 degrees. Diagnostics include an MRI of the neck and spine without contrast on 01/10/2014 and an MRI of the brain without contrast on 01/10/2014 as well. The injured worker has diagnoses of closed head injury, resulting in post-traumatic headaches and possible cognitive difficulties, dizziness and

headaches; status post nasal fracture and surgery; and cervical strain with discogenic and degenerative changes at the C5-6 and C6-7 levels. Past medical treatment included physical therapy, acupuncture and medication therapy. Medications include Mobic and Flexeril. The duration, frequency and dosage were not documented in submitted report. The rationale and the Request for Authorization form were not submitted for review.

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 Chapter 2 General Approach to Initial Assessment and Documentation. Decision based on Non-MTUS Citation Official Disability Guidelines, fitness for duty procedure summary.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 5 Cornerstones of Disability Prevention and Management Page(s): 89-92. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Fitness for duty, Functional capacity evaluation (FCE).

Decision rationale: The injured worker complained of neck and shoulder pain. California Medical Treatment Utilization Schedule (MTUS) / American College of Occupational and Environmental Medicine (ACOEM) guidelines indicate there is a functional assessment tool available and that is a Functional Capacity Evaluation, however, it does not address the criteria. As such, secondary guidelines were sought. The Official Disability Guidelines (ODG) guidelines do not recommend Functional Capacity Evaluations as routine use as part of occupational rehab or screening, or generic assessments in which the question is whether someone can do any type of job generally. Functional Capacity Evaluations (FCE) are only considered if case management is hampered by complex issues, prior unsuccessful return to work attempts, conflicting medical reporting on precautions and/or fitness for modified job and/or injuries that require detailed exploration of a worker's abilities. ODG also recommends FCEs if timing is appropriate. If the subject is close or at Maximum Medical Improvement (MMI) /all key medical reports secured or additional/secondary conditions clarified. Given that the ODG recommendations support the use of Functional Capacity Evaluations when case management is impeded by complex issues, and the injured worker is close to Maximum Medical Improvement; the injured worker would not be in compliance with the ODG recommendations. The request did not address the medical necessity of an FCE based on the injured worker approaching Maximum Medical Improvement or failing a prior return to work attempt. The submitted report did not reveal any evidence that the injured worker had been improving on any functional deficits following the course of treatment or pending further diagnostics due to either chronic pain or case management hampered by complex medical issues. As such, the request for a Functional Capacity Evaluation is not medically necessary and appropriate.

Right C5-C6, C6-C7 facet joint injection under flouroscopy: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 300. Decision based on Non-MTUS Citation Official Disability Guidelines, low back procedure summary.

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

Decision rationale: California Medical Treatment Utilization Schedule (MTUS) / American College of Occupational and Environmental Medicine (ACOEM) guidelines states there is limited evidence that radio-frequency neurotomy may be effective in relieving or reducing cervical facet joint pain among patients who had a positive response to facet injections. Caution is needed due to the scarcity of high-quality studies. According to Official Disability Guidelines (ODG), facet injections are not recommended except as a diagnostic tool. Official Disability Guidelines state that that a minimum of one diagnostic block be performed prior to a neurotomy, and that this be a medial branch block (MBB). Guidelines also state that there is to be documentation of failure of conservative treatment (including home exercise, physical therapy and Non-steroidal anti-inflammatory drug (NSAIDs) prior to the procedure for at least 4-6 weeks. In regards to above, there was a lack of evidence as to what conservative care had been effective or ineffective to the injured worker. It was noted that the injured worker had physical therapy, acupuncture and medications, but there was no quantified evidence showing how it helped the injured worker with any functional deficits. The submitted report mentioned a MRI, but it was not documented if there was evidence of facet arthropathy. Given that there was examination findings of facet mediated pain, the injured worker is not within ACOEM/MTUS or ODG guidelines. As such, the request for a right C5-6 and C6-7 facet injection under fluoroscopy is not medically necessary and appropriate.