

Case Number:	CM14-0079547		
Date Assigned:	07/18/2014	Date of Injury:	08/29/2011
Decision Date:	08/15/2014	UR Denial Date:	04/26/2014
Priority:	Standard	Application Received:	05/30/2014

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 Interventional Spine 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 30 year old male with an injury date of 08/29/11. Based on the 04/21/14 progress report provided by [REDACTED] the patient complains of frequent moderate headaches from the back of the head to the front. He has loss of equilibrium, ringing in his ears, and occasional lack of concentration. He also has moderate dull neck pain, weakness in his upper extremities and hands, and intermittent pain in his arms. Physical examination found mild tenderness along right C4-5 and L5-S1. There is also mild tenderness of the right medial ankle. The patient's diagnoses include the following: cervical spine strain with bilateral radiculitis; lumbar spine strain with bilateral radiculitis; and right ankle strain. The utilization review determination being challenged is dated 04/26/14.

IMR ISSUES, DECISIONS AND RATIONALES

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

One initial functional capacity evaluation: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines.

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) ACOEM Practice Guidelines, 2nd Edition (2004),

Ch:7 page 127The occupational health practitioner may refer to other specialists if a diagnosis is uncertain or extremely complex, when psychosocial factors are present, or when the plan or course of care may benefit from additional expertise. An independent medical assessment also may be useful in avoiding potential conflict(s) of interest when analyzing causation or when prognosis, degree of impairment, or work capacity requires clarification. Consultation: To aid in the diagnosis, prognosis, therapeutic management, determination of medical stability, and permanent residual loss and/or the examinee's fitness for return to work. A consultant is usually asked to act in an advisory capacity, but may sometimes take full responsibility for investigation and/or treatment of an examinee or patient.

Decision rationale: According to the 04/21/14 report by [REDACTED], the patient presents with frequent moderate headaches from the back of the head to the front, loss of equilibrium, ringing in his ears, occasional lack of concentration, moderate dull neck pain, weakness in his upper extremities and hands, and intermittent pain in his arms. The request is for an initial functional capacity evaluation. MTUS does not discuss functional capacity evaluations. ACOEM chapter 7, was not adopted into MTUS, but would be the next highest-ranked standard according to LC4610.5(2)(B). ACOEM does not appear to support the functional capacity evaluations and states: Functional capacity evaluations may establish physical abilities, and also facilitate the examinee/employer relationship for return to work. However, FCEs can be deliberately simplified evaluations based on multiple assumptions and subjective factors, which are not always apparent to their requesting physician. There is little scientific evidence confirming that FCEs predict an individual's actual capacity to perform in the workplace; an FCE reflects what an individual can do on a single day, at a particular time, under controlled circumstances, that provide an indication of that individual's abilities. As with any behavior, an individual's performance on an FCE is probably influenced by multiple nonmedical factors other than physical impairments. For these reasons, it is problematic to rely solely upon the FCE results for determination of current work capability and restrictions. There is no discussion regarding the patient's work status. The functional capacity evaluation does not appear to be in accordance with ACOEM guidelines. Recommendation is for denial.

Ultracet (Tramadol) #30: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids, criteria for use.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Medical Treatment Guidelines pages 88-89.

Decision rationale: For chronic opiate use, MTUS Guidelines require functioning documentation using a numerical scale or validated instrument at least one every six months, documentation of the 4 A's (analgesia, ADLs, adverse side effects, adverse behavior) is required. Furthermore, under outcome measure, it also recommends documentation of chronic pain, average pain, least pain, the time it takes for medication to work, duration of pain relief with medication, etc. In this case, none of the reports provide any discussion regarding how Ultracet has been helpful in terms of decreased pain or functional improvement. In addition, the treating physician does not use any numerical scales to assess patient's pain and function as required by MTUS. Given the lack of sufficient documentation demonstrating efficacy for chronic opiate use, the patient should slowly be weaned as outlined in MTUS Guidelines. The request for Ultracet (Tramadol) #30 is not medically necessary and appropriate.