

Case Number:	CM14-0079819		
Date Assigned:	08/08/2014	Date of Injury:	03/20/2014
Decision Date:	09/22/2014	UR Denial Date:	05/23/2014
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 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 55-year-old female who reported injury on 03/20/2014 reportedly due to working in stressful work environment, the injured worker developed stress, anxiety, depression and insomnia. The injured worker also reported that one of the students running in and out of the classroom threw desk chairs, screamed and threatened to shoot and kill someone. The injured worker's treatment history included medications, x-ray. The injured worker was evaluated on 04/28/2014 and it is documented that the injured worker has symptoms of stress, anxiety, depression, sleeping difficulty, neck pain and stiffness secondary to postures, and hypertension. Physical examination of the cervical spine revealed spasm, tenderness to palpation over the upper trapezius and sub occipital, and positive shoulder depression test. The range of motion of the cervical spine flexion was at 50 degrees, extension was at 58 degrees, right and lateral side bending at 40 degrees, and left/right rotation was at 80 degrees. The injured worker was able to perform usual work. The provider noted the injured worker was still undergoing a lot of stress in addition to post-traumatic stress symptoms. The injured worker reported constantly having anxiety, sleepiness due to worrying nervous about going to work each day. The injured worker felt nervous in crowded places. It was noted the injured worker had some difficulty standing, sitting, reclining, walking and climbing stairs, riding on landforms, transportation or flying on a plane as well as some difficulty in sexual function. The injured worker also had difficulty sleeping normally at night and had some difficulty sleeping restfully. The injured worker's pain level was at 7/10 to 9/10. The Request for Authorization dated 04/28/2014 documented request for cardiorespiratory diagnostic testing, (autonomic function assessment) to rule out cardiorespiratory autonomic nervous symptoms dysfunction and idiopathic peripheral cardiovagal innervation and heart rate variability adrenergic beat was necessary to beat blood pressure responses to the valsalva maneuver and sustain hand grip and blood pressure and heart

rate responses to active standing electrocardiogram. The diagnostic testing was to be repeated approximately every 3 months in order to re-evaluate the injured worker and monitor any disease progression attributable to change in clinical status of the injured worker's ANS functioning and/or response occupational therapy to therapeutic intervention. The Request for Authorization was for x-ray of cervical spine, physical therapy, initial Functional Capacity Evaluation, internal medicine referral, cardiorespiratory diagnostic testing, sleep study, initial psych evaluation treatment based on evaluation outcome. Medications included Wellbutrin, metoprolol, and Prempro, and aspirin. It was noted the injured worker was also taking anti-anxiety medications and antidepressant medications. This was including insomnia, unspecified, unspecified acute reaction to stress, depression, anxiety, unspecified and cervical sprain/strain.

IMR ISSUES, DECISIONS AND RATIONALES

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

X-ray, cervical spine: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints. Decision based on Non-MTUS Citation Official Disability Guidelines- Neck and Upper Back.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints Page(s): 303-305.

Decision rationale: The American College of Occupational and Environmental Medicine guidelines state that for most patients presenting with true neck or upper back problems, special studies are not needed unless a three- or four-week period of conservative care and observation fails to improve symptoms. Most patients improve quickly, provided any red-flag conditions are ruled out. The guidelines state the criteria for ordering imaging studies are: Emergence of a red flag; Physiologic evidence of tissue insult or neurologic dysfunction; Failure to progress in a strengthening program intended to avoid surgery; Clarification of the anatomy prior to an invasive procedure. The request for cervical x-ray is non-medically necessary and appropriate.

Physical therapy, functional improvement to justify additional treatments, 3x week: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Non-MTUS, ACOEM, page 127.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Physical Medicine Page(s): 98-99.

Decision rationale: The California MTUS Guidelines may support up to 10 visits of physical therapy for the treatment of unspecified myalgia and myositis to promote functional improvement. The request failed to indicate location where physical therapy is required for the injured worker. In addition, or outcome measurements of prior physical therapy or long-term functional goals were not provided for the injured worker. Given the above, the request for

physical therapy, functional improvement to justify additional treatments 3 X a week is not medically necessary and appropriate.

Initial FCE: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation ACOEM chapter 7, IME, pages 132-139, Official Disability Guidelines.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation (ODG) Functional Capacity Evaluation Chronic Pain.

Decision rationale: . In the Official Disability Guidelines state that a functional capacity evaluation is recommended prior to admission a work hardening program, with reference for assessments tailored to specific task or job. It also states if a worker is actively participating in determining the suitability of a particular job, the functional capacity evaluation is more likely to be successful. A functional capacity evaluation is not effective when the referral is less collaborative and more directive. Per the Official Disability guidelines to consider a functional capacity evaluation would be prior unsuccessful return to work attempts, conflicting medical reporting on precautions and/or fitness for modified job all key medical reports and conditions are clarified and MMI/ all key medical reports are secured. There is lack of evidence provided on 04/28/2014 why the injured worker needs a functional capacity evaluation. There was evidence stating the injured worker was currently working. In addition, there were no outcome measurements indicating the injured worker had failed conservative care such as, physical therapy, functional limitations medication treatment. Given the above, the request for a functional capacity evaluation on the injured worker is not medically necessary and appropriate.

Internal Medicine referral: Upheld

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

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

Decision rationale: Per the Official Disability Guidelines (ODG), office visits are recommended based on patient concerns, signs and symptoms, clinical stability, and reasonable physician judgment In addition, the documents there was lack of documentation of long-term goals regarding functional improvement. Given the above, the request is not medically necessary and appropriate.

Cardio respiratory diagnostic testing: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Other Medical Treatment Guideline or Medical Evidence: <http://www.ncbi.nlm.nih.gov/pubmed/16464634>.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Other Medical Treatment Guideline or Medical Evidence: Jurca, R., Jackson, A. S., LaMonte, M. J., Morrow Jr, J. R., Blair, S. N., Wareham, N. J., ... & Laukkanen, R. (2005). Assessing cardiorespiratory fitness without performing exercise testing. American journal of preventive medicine, 29(3), 185-193.

Decision rationale: According to the American Journal of preventive medicine, 29(3), 185-193 state that Low cardiorespiratory fitness (CRF) is associated with increased risk of chronic diseases and mortality; however, CRF assessment is usually not performed in many healthcare settings. The purpose of this study is to extend previous work on a non-exercise test model to predict CRF from health indicators that are easily obtained. The request for cardiorespiratory diagnostic testing, repeated 3 months is not supported at this there is a concurrent request for general medical consultation and the outcome of this evaluation should be established prior of additional diagnostic tests as there is no evidence of cardio respiratory instability such as HTN, SOB or angina noted at this time. Given the above, the request for cardio respiratory diagnostic testing is not medically necessary and appropriate.

Sleep study: Upheld

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

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation (ODG) Pain (Chronic) Polysomnography.

Decision rationale: Per Official Disability Guidelines (ODG) state that sleep studies are recommended after at least six months of an insomnia complaint (at least four nights a week), unresponsive to behavior intervention and sedative/sleep-promoting medications, and after psychiatric etiology has been excluded. Not recommended for the routine evaluation of transient insomnia, chronic insomnia, or insomnia associated with psychiatric disorders. Home portable monitor testing may be an option. The provider failed to indicate how long injured worker has been suffering from insomnia. As such, the request for sleep study is not medically necessary and appropriate.

Initial psych evaluation, treatment based on evaluation outcome: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 100-102.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Psychological Evaluations Page(s): 110-101.

Decision rationale: California (MTUS) Chronic Pain Medical Guidelines recommend psychological evaluations Psychological evaluations are generally accepted, well-established

diagnostic procedures not only with selected use in pain problems, but also with more widespread use in chronic pain populations. Diagnostic evaluations should distinguish between conditions that are pre-existing, aggravated by the current injury or work related. Psychosocial evaluations should determine if further psychosocial interventions are indicated. The interpretations of the evaluation should provide clinicians with a better understanding of the patient in their social environment, thus allowing for more effective rehabilitation. The documentation submitted indicated the injured worker having increased anxiety and depression secondary to her industrial pain and stress of dealing with her injury however, the documentation submitted failed to indicate injured worker's outcome measurements of conservative care measurements and functional long-term goals. Furthermore, the documents submitted indicated her job stresses her out however, she is currently still working in the high environment that contributes to her anxiety and stress. Given the above, the request for initial psych evaluation, treatment based on evaluation outcome is not medically necessary and appropriate.