MAXIMUS Federal Services

Case Number:	CM14-0008195		
Date Assigned:	12/11/2014	Date of Injury:	04/10/2000
Decision Date:	01/15/2015	UR Denial Date:	01/07/2014
Priority:	Standard	Application Received:	01/22/2014

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 patient is a 55 year old female with date of injury 4/14/93. The treating physician report dated 11/20/13 is missing page 2 so the treating physician report prior to this on 10/02/13 (208) was reviewed in full. The report indicates that the patient presents with increased burning pain going into the bilateral gluteal regions and into her right foot with paresthesia and burning. She continues to have severe epigastric pain with nausea. The physical examination findings reveal no other changes. Prior treatment history includes gastric biopsy and spinal cord stimulator. The patient is said to have achieved maximum medical improvement status on 5/28/13 and is permanently totally disabled. The current diagnoses are: 1. Failed back pain 2. Gastritis. The utilization review report dated 1/07/14 denied the request for cognitive testing, functional capacity evaluation, anatomical testing and sleep study based on lack of medical necessity.

IMR ISSUES, DECISIONS AND RATIONALES

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

Cognitive testing: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation ODG Head Chapter Neuropsychological testing

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Official Disability Guidelines (ODG) Neuropsychological testing.

Decision rationale: The patient presents with increased burning pain going into the bilateral gluteal regions and into her right foot with paresthesia and burning. The current request is for cognitive testing. The treating physician states that "psychological testing may be useful in the presence of enduring or recurring pain persisting longer than typical for an associated condition, inadequate response to appropriate care, marked restriction in daily activities, excessive medication use and frequent use of medical services, excessive dependence on health providers, spouse and/or family; withdrawal from social milieu, i.e., work or other social contacts." The ODG guidelines state that neuropsychological testing may be recommended for severe traumatic brain injury. In this case the treating physician has not documented any traumatic brain injury or other neurological condition affecting the brain. The current request is not supported as there is no diagnosis or discussion of traumatic brain injury. Therefore, this request is not medically necessary.

Functional capacity evaluation: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation ACOEM Practice Guidelines 2nd Ed., Independent Medical Examinations and Consultations Chapter

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) Chapter 7, Pg. 137-138

Decision rationale: The patient presents with increased burning pain going into the bilateral gluteal regions and into her right foot with paresthesia and burning. The current request is for functional capacity evaluation. The treating physician states to "consider using a functional capacity evaluation when necessary to translate medical impairment into functional limitations and to determine work capability. It may be necessary to obtain a more precise delineation of patient capabilities than is available from a routine physical examination. The employer or claim administrator may request functional capacity evaluation to further access current work capability. These assessments may also be ordered by the treating or evaluating physician." MTUS guidelines do not address functional capacity evaluations. The ACOEM guidelines do not appear to support functional capacity evaluations unless the employer or claims administrator makes the request following the treating physician making work restriction recommendations. ACOEM states, "The examiner is responsible for determining whether the impairment results in functional limitations and to inform the examinee and the employer about the examinee's abilities and limitations. The physician should state whether the work restrictions are based on limited capacity, risk of harm, or subjective examinee tolerance for the activity in question. The employer or claim administrator may request functional ability evaluations, also known as functional capacity evaluations, to further assess current work capability." In this case the treating physician states that the patient "needs to have a formal functional capacity evaluation." The patient has already been deemed permanently totally and permanently disabled and is said to have reached maximum medical benefit; therefore, the treating physician has not shown there to be a need for functional capacity evaluation to determine work restrictions or work capabilities and there is no request found in the medical records indicating that the employer or claims

administrator has requested a functional capacity evaluation. Therefore, this request is not medically necessary.

Anatomical rating: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 2 General Approach to Initial Assessment and Documentation.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 2 General Approach to Initial Assessment and Documentation.

Decision rationale: The patient presents with increased burning pain going into the bilateral gluteal regions and into her right foot with paresthesia and burning. The current request is for anatomical rating. The treating physician states, "I continue to recommend that she undergo anatomical impairment ratings from the most recent diagnostic studies available." The ACOEM guidelines state to "seek red flags for potentially dangerous underlying conditions. In the absence of red flags, work-related complaints can be handled safely and effectively by occupational and primary care providers. The focus is on monitoring for complications, facilitating the healing process, and facilitating return to work in a modified or full-duty capacity. Evaluation and treatment generally can proceed in the acute phase without special studies because the findings from such studies seldom alter treatment. Yet, in some body systems (e.g., eye, bone, and head injuries), special studies may be mandatory." In this case the treating physician has provided no documentation as to why an anatomical rating is not being performed as part of a standard examination. There is nothing provided in the medical records that give any insight as to why a separate anatomical rating is medically necessary. Therefore, this request is not medically necessary.

Sleep study: Upheld

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

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

Decision rationale: The patient presents with increased burning pain going into the bilateral gluteal regions and into her right foot with paresthesia and burning. The current request is for sleep study. The treating physician states, "She needs to have a formal sleep lab evaluation." The ODG guidelines 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." In this case the treating physician has not documented any complaints of insomnia and there is no discussion provided to indicate that any of the ODG criteria for sleep studies have been met. Therefore, this request is not medically necessary.