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| Case Number: | CM14-0193307 | | |
| Date Assigned: | 12/01/2014 | Date of Injury: | 12/31/2010 |
| Decision Date: | 01/15/2015 | UR Denial Date: | 10/17/2014 |
| Priority: | Standard | Application Received: | 11/18/2014 |

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 50 year old female with an injury date on 12/31/2010. Based on the 04/24/2014 progress report provided by the treating physician, the diagnoses are:1. Status post anterior cervical discectomy and fusion2. Cervical spine muscle spasm3. Cervical spine disc disease4. Cervical spine radiculopathy5. Lumbar spine sprain/strain6. Lumbar spine muscle spasm7. Lumbar spine disc disease8. Lumbar spine radiculopathy9. Bilateral shoulder sprain/strain10. Bilateral shoulder impingement11. Status post cervical spine fusion with hardware According to this report, the patient complains of "moderate to severe low back pain with radiating symptoms to the bilateral lower extremities along with neck pain and increased radicular symptoms." Pain is rated as an 8-9/10. The patient noted the pain has increase since the last visit on 05/27/2014. Physical exam reveals tenderness over the lumbar paraspinal muscle and lumbar facets joint. Range of motion of the lumbar spine is decreased with pain. Decreased sensation is noted along the L5 and S1 dermatomes bilaterally. Heel-Toe Walk was performed with difficulty. The patient has been "taking Zanaflex, Norco and Valium, which helps keep her pain at a tolerable level; however, she states that she experiences sleepiness as a side effect." The patient has been treated conservatively with physical therapy and medications. The treatment plan is refill medications, awaiting authorization for a shoulder surgery, TENS unit for home use, obtain UDS, and return for follow-up visit in four to six weeks. There were no other significant findings noted on this report. The utilization review denied the request for functional capacity exam x1 for bilateral shoulders and lumbar spine brace x1 on 10/17/2014 based on the ACOEM/ODG guidelines. The requesting physician provided treatment reports from 01/28/2013 to 04/24/2014.

IMR ISSUES, DECISIONS AND RATIONALES

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

Functional Capacity Exam x1 for bilateral shoulders:

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines, Functional Capacity Evaluation (FCE)

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, p137-139, Functional Capacity Exam

Decision rationale: According to the 04/24/2014 report, this patient presents with pain in the "lower back and bilateral shoulders, which she rates at 8-9/10 on a pain scale." The current request is for Functional capacity exam x1 for bilateral shoulders but the treating physician's report and request for authorization containing the request is not included in the file. The most recent progress report is dated 04/24/2014 and the utilization review letter in question is from 10/17/2014. ACOEM chapter 7, was not adopted into MTUS, but would be the next highest-ranked standard according to LC4610.5(2)(B). The ACOEM Guidelines state that the examiner is responsible for informing the examinee and the employer about the examinees limitations. ACOEM goes on to state, "The employer or claim administrator may request functional ability evaluations, also known as functional capacity evaluations, to further assess current work capability." There is no documentation of a request from the employer or claim administrator for an FCE and ACOEM states that the treating physician is responsible for documenting work restrictions. The request is not medically necessary.

Lumbar Spine Brace x1: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 301. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) low Back chapter: lumbar supports

Decision rationale: According to the 04/24/2014 report, this patient presents with "pain in the lower back and bilateral shoulders, which she rates at 8-9/10 on a pain scale." The current request is for Lumbar spine brace x1 but the treating physician's report and request for authorization containing the request is not included in the file. The most recent progress report is dated 04/24/2014 and the utilization review letter in question is from 10/17/2014. The ACOEM Guidelines page 301 on lumbar bracing states, "lumbar supports have not been shown to have any lasting benefit beyond the acute phase of symptom relief." ODG Guidelines regarding lumbar supports states "not recommended for prevention", however, "recommended as an option for compression fractures and specific treatment of spondylolisthesis, documented instability, and for treatment of nonspecific lower back pain (very low quality evidence but may be a

conservative option)." In this case, the patient does not present with fracture, instability or spondylolisthesis to warrant lumbar bracing. The guidelines support the use of a lumbar brace in the acute phase of care and this patient is in the chronic phase of care. Therefore, the request is not medically necessary.