

<b>Case Number:</b>	CM14-0198253		
<b>Date Assigned:</b>	01/26/2015	<b>Date of Injury:</b>	09/28/2012
<b>Decision Date:</b>	02/28/2015	<b>UR Denial Date:</b>	11/04/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	11/25/2014

### 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. 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/Service. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

The Expert Reviewer has the following credentials:  
 State(s) of Licensure: Texas, Ohio, California  
 Certification(s)/Specialty: Preventive Medicine, Occupational Medicine

### 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 applicant is a represented [REDACTED] employee who has filed a claim for chronic neck pain reportedly associated with an industrial injury of September 28, 2012. In a Utilization Review Report dated November 4, 2014, the claims administrator failed to approve a request for several functional capacity evaluations for numerous body parts, topical compounded medications, and various consultations. The claims administrator apparently referenced an August 15, 2014 progress note in its determination. The applicant's attorney subsequently appealed. The applicant did undergo initial functional capacity testing of various body parts, which included manual muscle testing and computerized range of motion testing, the results of which were not clearly stated. In an applicant questionnaire dated June 6, 2014, the applicant suggested that he was not working and was having difficulty performing activities of daily living as basic as lifting articles weighing greater than 10 pounds. A medical-legal evaluation dated June 6, 2014 was also notable for comments that the applicant was not working as of that point in time. In a handwritten note dated August 15, 2014, difficult to follow, not entirely legible, the applicant reported multifocal complaints of neck, mid back, low back, bilateral shoulders, bilateral hands, bilateral wrists, and right rib pain, 2-4/10. Physical therapy, pain management consultation, acupuncture, topical compounds, and functional capacity testing were ordered. Multiple consultations with a pain management physician and a neurosurgeon were ordered. The applicant's work status was not clearly stated. A spine surgery consultation was also apparently sought. In a later note dated September 26, 2014, the applicant was given a rather proscriptive 25-pound lifting limitation, although, as stated previously, it did not appear that the applicant was working. A neurosurgeon

consultation, acupuncture, topical compounds, physical therapy, pain management consultation, and functional capacity testing were again ordered via preprinted checkboxes. Topical compounded agents were also prescribed. On October 30, 2014, several topical compounded medications, genetic testing, physical therapy, pain management consultation, and various other requests were initiated, through preprinted checkboxes, with little-to-no narrative commentary.

### **IMR ISSUES, DECISIONS AND RATIONALES**

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

**FCE for the shoulder and arm:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Fitness for Duty

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 2 General Approach to Initial Assessment and Documentation Page(s): 21.

**Decision rationale:** While the MTUS Guideline in ACOEM Chapter 2, page 21 does suggest considering functional capacity testing when needed to translate medical impairment into limitations or restrictions and to determine work capability, in this case, however, the applicant was/is off of work, per a medical-legal evaluation of June 6, 2014. The applicant has not worked since May 2013, the medical-legal evaluator commented. The applicant does not seemingly have a job to return to. It is not clear why functional capacity testing is being sought in the clinical and vocational context present here. It is further noted that functional capacity testing at issue was apparently performed, the results of which were not clearly reported and did not appear to influence the treatment plan in any appreciable way. Therefore, the request was not medically necessary.

**FCE of the neck:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Fitness for Duty

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 2 General Approach to Initial Assessment and Documentation Page(s): 21.

**Decision rationale:** While the MTUS Guideline in ACOEM Chapter 2, page 21 does suggest considering a functional capacity evaluation when necessary to translate medical impairment into limitations and restrictions and to determine work capability, here, however, the applicant has not worked in what appears to be a span of several years. The applicant does not appear to have a job to return to. It is not clear how a functional capacity testing would influence or alter the treatment plan. It is further noted that the functional capacity testing at issue was apparently performed, the results of which were not clearly reported. It was not clearly established, in short,

why a functional capacity testing was performed in the clinical and vocational context present here. Therefore, the request was not medically necessary.

**FCE of the thoracic spine: Upheld**

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Fitness for Duty

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 2 General Approach to Initial Assessment and Documentation Page(s): 21.

**Decision rationale:** While the MTUS Guideline in ACOEM Chapter 2, page 21 does suggest considering a functional capacity evaluation when necessary to translate medical impairment into limitations and restrictions and to determine work capability, in this case, however, the applicant is no longer working. The applicant has not worked in several years. The applicant does not appear to have a job to return to. It was/is not clearly established why functional capacity testing was performed in the clinical and vocational context present here. Therefore, the request was not medically necessary.

**FCE of the lumbar spine: Upheld**

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Fitness for Duty

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 2 General Approach to Initial Assessment and Documentation Page(s): 21.

**Decision rationale:** While the MTUS Guideline in ACOEM Chapter 2, page 21 does suggest considering a functional capacity evaluation when necessary to translate medical impairment into limitations and restrictions and to determine work capability, in this case, however, the applicant has not worked in several years. The applicant does not have a job to return to. It was/is not clear, in short, why functional capacity testing was being sought in the clinical and vocational context present here. The attending provider's handwritten progress notes contained little-to-no narrative commentary and did not outline a clear or compelling rationale for the article at issue. It is further noted that functional capacity testing was performed on at least one prior occasion, the results of which were not clearly reported. Therefore, the request was not medically necessary.

**Initial high complexity pain management evaluation for the neck: Overturned**

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Chronic Pain Disorder Medical Treatment Guidelines, State of Colorado Department of Labor and Employment, 4/24/2007, page 56 and the Official Disability Guidelines (ODG), CPT Procedure Code Index

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Introduction Page(s): 1.

**Decision rationale:** As noted on page 1 of the MTUS Chronic Pain Medical Treatment Guidelines, the presence of persistent complaints which prove recalcitrant to conservative management should lead the primary treating provider to reconsider the operating diagnosis and determine whether a specialist evaluation is necessary. Here, the applicant is off of work. The applicant has multifocal pain complaints which have proven recalcitrant to time, medications, physical therapy, acupuncture, etc. Obtaining the added expertise of a physician specializing in chronic pain, such as a pain management physician is, thus, indicated. Therefore, the request is medically necessary.

**Initial high complexity pain management evaluation for the thoracic spine:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Chronic Pain Disorder Medical Treatment Guidelines, State of Colorado Department of Labor and Employment, 4/24/2007, page 56 and the Official Disability Guidelines (OGD), CPT Procedure Code Index

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Introduction Page(s): 1.

**Decision rationale:** While page 1 of the MTUS Chronic Pain Medical Treatment Guidelines does suggest obtaining a specialist evaluation in applicants whose chronic pain complaints prove recalcitrant to conservative management, in this case, however, it was/is not clearly established why the applicant needed three separate pain management consultations to address issues with the cervical spine, thoracic spine, and lumbar spine. It was/is not clearly stated why the pain management consultant could not address these issues through one consultation alone. The attending provider's handwritten progress notes contained very little in the way of narrative commentary and did not furnish a compelling rationale or compelling basis for pursuit of three separate pain management consultations for three separate body parts. Therefore, the request is not medically necessary.

**Initial high complexity pain management evaluation for the lumbar spine:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Chronic Pain Disorder Medical Treatment Guidelines, State of Colorado Department of Labor and Employment, 4/24/2007, page 56 and the Official Disability Guidelines (OGD), CPT Procedure Code Index

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Introduction Page(s): 1.

**Decision rationale:** While page 1 of the MTUS Chronic Pain Medical Treatment Guidelines does acknowledge that the presence of persistent pain complaints which prove recalcitrant to

conservative management should lead the primary treating provider to reconsider the operating diagnosis to determine whether a specialist evaluation is necessary, in this case, however, the applicant's primary treating provider sought concurrent authorization for three separate high complexity pain management evaluations for each of three different body parts, the cervical spine, thoracic spine, and lumbar spine. It was not clearly stated or clearly established why a single consultation to address the three separate body parts would not suffice here. The attending provider's handwritten progress notes comprised largely of preprinted checkboxes and contained little-to-no narrative commentary which would augment the request at issue. Therefore, the request is not medically necessary.

**One F/U low complexity and F/U mod complexity (neck) neurospine FUP: Upheld**

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints Page(s): 177. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Pain (Chronic) and the CPT Procedure Code Index

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints Page(s): 180.

**Decision rationale:** As noted in the MTUS Guideline in ACOEM Chapter 8, page 180, applicants with neck or upper back pain complaints alone, without findings of serious conditions of significant nerve root compromise, rarely benefit from either surgical consultation or surgery. Here, the attending provider did not outline the presence of nerve root compromise in any of the handwritten progress notes, referenced above, which, as noted previously, comprised of preprinted checkboxes. The attending provider did not furnish a compelling rationale for pursuit of a followup with a neurosurgeon/neural spine specialist. There was no mention that the applicant is actively considering or contemplating any kind of surgical intervention involving the surgical spine. Therefore, the request is not medically necessary.

**One F/U low complexity and F/U mod complexity (thoracic) neurospine FUP: Upheld**

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints Page(s): 177. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Pain (Chronic) and the CPT Procedure Code Index

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints Page(s): 180.

**Decision rationale:** As noted in the MTUS Guideline in ACOEM Chapter 8, page 180, applicants with neck or upper back pain complaints alone, without findings of significant nerve root compromise, rarely benefit from either surgical consultation or surgery. Here, the applicant's presentation was not consistent with a diagnosis of nerve root compromise referable to the thoracic spine. Rather, it appears that the applicant had a variety of multifocal pain complaints. There was no mention of the applicant's actively considering or contemplating any kind of surgical intervention involving either the thoracic spine on or around the date in question. Therefore, the request is not medically necessary.

**One F/U low complexity and F/U mod complexity (lumbar) neurospine FUP: Upheld**

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints Page(s): 177. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Pain (Chronic) and the CPT Procedure Code Index

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 306.

**Decision rationale:** As noted in the MTUS Guideline in ACOEM Chapter 12, page 306, applicants with low back pain complaints alone, without findings of serious conditions or significant nerve root compromise, rarely benefit from either surgical consultation or surgery. Here, there was no mention of the applicant's considering or contemplating any kind of surgical intervention involving the lumbar spine on or around the date in question. The handwritten progress notes did not establish the presence of any significant nerve root compromise referable to the lumbar spine. Therefore, the request is not medically necessary.

**One prescription of 210mg Flurbiprofen 20%, Tramadol 20%, Cyclobezaprine 4%: Upheld**

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Topical Analgesics.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Topical Analgesics Page(s): 111-113.

**Decision rationale:** As noted on page 113 of the MTUS Chronic Pain Medical Treatment Guidelines, muscle relaxants such as cyclobenzaprine, the tertiary ingredient in the compound at issue, are not recommended for topical compound formulation purposes. Since one or more ingredients in the compound is not recommended, the entire compound is not recommended, per page 111 of the MTUS Chronic Pain Medical Treatment Guidelines. Therefore, the request was not medically necessary.

**One prescription of 210mg Amitriptyline 10%, Dextromethorphan 10%, Gabapentin 10%: Upheld**

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Topical Analgesics.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Topical Analgesics Page(s): 111..

**Decision rationale:** As noted on page 113 of the MTUS Chronic Pain Medical Treatment Guidelines, gabapentin, the tertiary ingredient in the compound, is not recommended for topical compound formulation purposes. Since one or more ingredients in the compound is not

recommended, the entire compound is not recommended, per page 111 of the MTUS Chronic Pain Medical Treatment Guidelines. Therefore, the request was not medically necessary.