

Case Number:	CM14-0201577		
Date Assigned:	12/11/2014	Date of Injury:	08/18/1999
Decision Date:	02/03/2015	UR Denial Date:	11/05/2014
Priority:	Standard	Application Received:	12/01/2014

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 Internal Medicine, 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 an injured worker with with the diagnoses of status post trauma, temporomandibular bilaterally, occipital neuralgia, probable cervical radiculopathy, cognitive impairment, emotional distress, and sleep problems. Date of injury was August 18, 1999. The neurosurgical neurological primary treating physician progress report dated July 14, 2014 documented that the patient stated that difficulty with activities of daily living. The patient has difficulty with bathing, brushing her teeth, dressing, combing her hair, eating and drinking without discomfort, going to the toilet without difficulty. She has some difficulty with writing, typing and speaking. She has some difficulty with standing, sitting, reclining, walking and climbing stairs. She has difficulty seeing. She has some difficulty with feeling contact on her skin, tasting, smelling and hearing. She has difficulty with lifting and some difficulty with grasping. She has some difficulty with driving or riding in a vehicle. She is unable to sleep restfully or normally at night. She is on Opana. Opana will increased to 10 mg two times a day. She has increased dental and temporomandibular joint disorders pain. Her examination today was unchanged. Computed tomography showed gallstones. Diagnoses were status post trauma, temporomandibular bilaterally, occipital neuralgia, probable cervical radiculopathy, cognitive impairment, emotional distress, and sleep problems. The treatment plan included consultations with a dentist oral surgeon, gastrointestinal specialist, internal medicine specialist, revision of the occipital stimulating system, preoperative clearances, as well as x-rays of the head, neck and chest, CPAP continuous positive airway pressure machine, computed tomography of the brain and abdomen, aquatic therapy treatments, and medications. Prescriptions included Cyclobenzaprine and Omeprazole. The patient continues to be considered temporarily totally disabled. Utilization review determination date was November 5, 2014.

IMR ISSUES, DECISIONS AND RATIONALES

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

Functional capacity evaluation (FCE): 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), Functional Capacity Evaluation

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 1 Prevention Page(s): 12. Decision based on Non-MTUS Citation American College of Occupational and Environmental Medicine (ACOEM) 2nd Edition (2004) Chapter 7 Independent Medical Examinations and Consultations, page(s) 137-138.

Decision rationale: Medical treatment utilization schedule (MTUS) addresses functional capacity evaluation (FCE). American College of Occupational and Environmental Medicine (ACOEM) 2nd Edition (2004) Chapter 1 Prevention (Page 12) states that there is not good evidence that functional capacity evaluations are correlated with a lower frequency of health complaints or injuries. ACOEM Chapter 7 Independent Medical Examinations and Consultations (Pages 137-138) states that there is little scientific evidence confirming that functional capacity evaluations predict an individual's actual capacity to perform in the workplace. The latest progress report present in the submitted medical records was dated July 14, 2014. The 7/14/14 progress report noted that the physical examination was unchanged without details documented. The request for authorization (RFA) was dated October 23, 2014. Because recent progress reports were not submitted for review, the medical records do not provide support for the request for functional capacity evaluation (FCE). MTUS and ACOEM guidelines do not support the medical necessity of a functional capacity evaluation (FCE). Therefore, the request for Functional capacity evaluation (FCE) is not medically necessary.

Consultation and treatment with an oral surgeon: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation ACOEM Chapter 7, Independent Medical Examinations and Consultations, page 127

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 5 Cornerstones of Disability Prevention and Management Page(s): 75. Decision based on Non-MTUS Citation American College of Occupational and Environmental Medicine (ACOEM) 2nd Edition (2004) Chapter 7 Independent Medical Examiner, page 127

Decision rationale: Medical Treatment Utilization Schedule (MTUS) addresses occupational physicians and other health professionals. American College of Occupational and Environmental Medicine (ACOEM) 2nd Edition (2004) Chapter 5 Cornerstones of Disability Prevention and Management (Page 75) states that occupational physicians and other health professionals who treat work-related injuries and illness can make an important contribution to the appropriate management of work-related symptoms, illnesses, or injuries by managing disability and time

lost from work as well as medical care. ACOEM Chapter 7 Independent Medical Examiner (Page 127) states that the health practitioner may refer to other specialists when the plan or course of care may benefit from additional expertise. The latest progress report present in the submitted medical records was dated July 14, 2014. The 7/14/14 progress report noted that the physical examination was unchanged without details documented. The request for authorization (RFA) was dated October 23, 2014. Because recent progress reports were not submitted for review, the medical records do not provide support for the request for oral surgeon consultation. Therefore, the request for Consultation and treatment with an oral surgeon is not medically necessary.

Gastrointestinal consultation: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation ACOEM Chapter 7, Independent Medical Examinations and Consultations, page 127

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 5 Cornerstones of Disability Prevention and Management Page(s): 75. Decision based on Non-MTUS Citation American College of Occupational and Environmental Medicine (ACOEM) 2nd Edition (2004) Chapter 7 Independent Medical Examiner, page 127

Decision rationale: Medical Treatment Utilization Schedule (MTUS) addresses occupational physicians and other health professionals. American College of Occupational and Environmental Medicine (ACOEM) 2nd Edition (2004) Chapter 5 Cornerstones of Disability Prevention and Management (Page 75) states that occupational physicians and other health professionals who treat work-related injuries and illness can make an important contribution to the appropriate management of work-related symptoms, illnesses, or injuries by managing disability and time lost from work as well as medical care. ACOEM Chapter 7 Independent Medical Examiner (Page 127) states that the health practitioner may refer to other specialists when the plan or course of care may benefit from additional expertise. The latest progress report present in the submitted medical records was dated July 14, 2014. The 7/14/14 progress report noted that the physical examination was unchanged without details documented. The request for authorization (RFA) was dated October 23, 2014. Because recent progress reports were not submitted for review, the medical records do not provide support for the request for gastrointestinal consultation. Therefore, the request for gastrointestinal consultation is not medically necessary.

Aqua therapy, 3 times a week for 4 weeks; 12 sessions: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Aquatic Therapy Page(s): (s) 22, 47.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Aquatic therapy Page(s): 22.

Decision rationale: Medical Treatment Utilization Schedule (MTUS) Chronic Pain Medical Treatment Guidelines state that aquatic therapy is an optional form of exercise therapy and an

alternative to land-based physical therapy. Aquatic therapy is specifically recommended where reduced weight bearing is desirable, for example extreme obesity. The latest progress report present in the submitted medical records was dated July 14, 2014. The 7/14/14 progress report noted that the physical examination was unchanged without details documented. The request for authorization (RFA) was dated October 23, 2014. Because recent progress reports were not submitted for review, the medical records do not provide support for the request for aqua therapy. Therefore, the request for Aqua therapy, 3 times a week for 4 weeks; 12 sessions is not medically necessary.

Cognitive study: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Behavioral interventions; Psychological evaluations; and Psychological treatment Page(s): 23; 10.

Decision rationale: Medical Treatment Utilization Schedule (MTUS) Chronic Pain Medical Treatment Guidelines addresses psychological evaluation and treatment and behavioral interventions. Psychological treatment is recommended for appropriately identified patients during treatment for chronic pain. Cognitive behavioral therapy and self-regulatory treatments have been found to be particularly effective. The latest progress report present in the submitted medical records was dated July 14, 2014. The 7/14/14 progress report noted that the physical examination was unchanged without details documented. The request for authorization (RFA) was dated October 23, 2014. Because recent progress reports were not submitted for review, the medical records do not provide support for the request for cognitive study. Therefore, the request for Cognitive study is not medically necessary.