

<b>Case Number:</b>	CM14-0039077		
<b>Date Assigned:</b>	06/27/2014	<b>Date of Injury:</b>	01/13/2013
<b>Decision Date:</b>	12/10/2015	<b>UR Denial Date:</b>	01/31/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	02/24/2014

### 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: Connecticut, California, Virginia  
 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 injured worker is a 70 year old male with an industrial injury dated 01-13-2013. A review of the medical records indicates that the injured worker is undergoing treatment for thoracic sprain and strain, cervical radiculopathy, lumbosacral radiculopathy, shoulder tendinitis and bursitis, ankle tendinitis and bursitis, knee tendinitis and bursitis, wrist tendinitis and bursitis, hip tendinitis and bursitis, elbow tendinitis and bursitis and trigger finger. According to the progress note dated 12-26-2013, the injured worker reported neck and lower back pain along with pain in the bilateral shoulders, bilateral wrist, bilateral elbows, and bilateral knees. The injured worker reported difficulty with his daily activities and prolonged periods of sitting, standing and stair climbing. Objective findings (12-26-2013) revealed spasm, tenderness and guarding in the paravertebral muscles of the cervical and lumbar spine with decreased range of motion. Impingement was positive over the bilateral shoulders. Phalen's and reverse Phalen's testing was positive over the bilateral wrist with decreased range of motion and decreased grip strength. McMurray's test was positive over bilateral knees and tenderness was noted over the lateral epicondyle over the bilateral elbows with decreased range of motion. The injured worker declined oral pain medication. The treating physician reported that the Neurodiagnostic studies of bilateral and upper and lower extremities revealed mild to moderate bilateral carpal tunnel syndrome. "Lower extremities were relatively normal." Treatment has included x-rays, neurodiagnostic studies of bilateral and upper and lower extremities, prescribed medications, and periodic follow up visits. The utilization review dated 01-31-2014, non-certified the request for

Functional Capacity Evaluations trunk and upper and lower extremities, MRI of lumbar spine without contrast and MRI of the cervical spine without contrast.

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

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

**MRI of the cervical spine without contrast:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS Neck and Upper Back Complaints 2004, Section(s): Special Studies.

**Decision rationale:** Per the MTUS ACOEM Guidelines, MRI may be considered in cases where red flags are present or in cases where evidence of tissue injury or neurologic dysfunction are present, failure in strengthening program to avoid surgery, or to clarify anatomy prior to operative intervention/invasive procedures. Physiologic evidence may be in the form of definitive neurologic findings on physical examination, electrodiagnostic studies, laboratory tests, or bone scans. Unequivocal findings that identify specific nerve compromise on the neurologic exam are sufficient evidence to warrant imaging studies if symptoms persist. When the neurologic exam is less clear, however, further physiologic evidence of nerve dysfunction can be obtained before ordering an imaging study. EMG and nerve conduction velocities may help identify subtle focal neurologic dysfunction in patients with neck or arm symptoms, or both, lasting more than three or four weeks. In this case there is no provided indication of dysfunction that is evidential of need for MRI and therefore, per the guidelines, the request for MRI is considered not medically necessary.

**MRI of lumbar spine without contrast:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines, low back chapter.

**MAXIMUS guideline:** Decision based on MTUS Low Back Complaints 2004, Section(s): Special Studies.

**Decision rationale:** The MTUS discusses recommendations for MRI in unequivocal findings of specific nerve compromise on physical exam, in patients who do not respond to treatment, and who would consider surgery an option. Absent red flags or clear indications for surgery, a clear indication for MRI is not supported by the provided documents. Without further indication for imaging, the request for MRI at this time cannot be considered medically necessary per the guidelines.

**Functional Capacity Evaluations trunk and upper and lower extremities:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines: guidelines for performing an FCE.

**MAXIMUS guideline:** Decision based on MTUS General Approaches 2004, Section(s): General Approach to Initial Assessment and Documentation.

**Decision rationale:** Utilization review found that FCE was not substantiated as there is no evidence that the patient has attempted return to work under modified conditions, etc. Additionally, no specific job description or position information regarding employment is provided to substantiate the need for functional capacity evaluation. Per the MTUS guidelines, a functional capacity evaluation is most useful when there is a specific job description or position that is identified and the case warrants further analysis regarding work capacity. Functional capacity evaluation is useful to translate medical impairment into functional limitations in the determination of work capability. With no supporting documents to indicate details that warrant such an evaluation, the request for FCE cannot be considered medically necessary at this time.