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| Case Number: | CM15-0136158 | | |
| Date Assigned: | 07/24/2015 | Date of Injury: | 02/14/2013 |
| Decision Date: | 08/25/2015 | UR Denial Date: | 07/10/2015 |
| Priority: | Standard | Application Received: | 07/14/2015 |

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, New York, 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 67-year-old who has filed a claim for chronic low back, chronic foot, and ankle pain reportedly associated with an industrial injury of February 14, 2013. In a utilization review report dated July 10, 2015, the claims administrator failed to approve a request for a functional capacity evaluation and a psychological evaluation. The claims administrator referenced a June 15, 2015 progress note and associated RFA form of the same date in its determination. The applicant's attorney subsequently appealed. On said June 15, 2015 progress note, the applicant reported ongoing complaints of low back, ankle, and bilateral leg pain. The applicant reported worsening insomnia secondary to pain while explicitly denying issues with anxiety, depression, or suicidal ideation. The applicant had undergone earlier left ankle ORIF surgery and had superimposed issues with peripheral neuropathy, it was reported. Neurontin, Motrin, and Protonix were endorsed. A functional capacity evaluation and psychological consultation were sought. The applicant was given a 20-pound lifting limitation. It was not clearly stated whether the applicant was or was not working with said limitation in place, although this did not appear to be the case.

IMR ISSUES, DECISIONS AND RATIONALES

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

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 Chapter 7-Independent Medical Examinations and Consultations, page 132-139, Official Disability Guidelines (ODG), Fitness for Duty Chapter, Work Hardening Program.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 2 General Approach to Initial Assessment and Documentation Page(s): 21, Chronic Pain Treatment Guidelines Work conditioning, work hardening Page(s): 125.

Decision rationale: No, the proposed functional capacity evaluation was not medically necessary, medically appropriate, or indicated here. 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/or restrictions and to determine work capability, here, however, it did not appear that the applicant was working as of the date of the request, June 15, 2015. It was not clearly stated whether the applicant was or was not working with a rather proscriptive 20-pound lifting limitation in place as of that point in time. It was not clearly stated or clearly established, in short, why functional capacity testing was sought in the clinical and/or vocational context present here. While page 125 of the MTUS Chronic Pain Medical Treatment Guidelines does acknowledge that an FCE may be required as a precursor to admission into a work hardening program, here, however, there is no mention of the applicant's considering or contemplating a work hardening program on or around the date of the request, June 15, 2015. Therefore, the request was not medically necessary.

Psychological 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, 156, Official Disability Guidelines (ODG), Pain, Office Visit.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 15 Stress Related Conditions Page(s): 388.

Decision rationale: Similarly, the request for a psychological consultation was likewise not medically necessary, medically appropriate, or indicated here. While the MTUS Guideline in ACOEM Chapter 15, page 388 does acknowledge that referral to a mental health professional is indicated in applicants whose [mental health] symptoms persist beyond three months or become disabling, here, however, a clear rationale for the psychological consultation was not furnished via the June 15, 2015 progress note at issue. The applicant explicitly denied issues with anxiety, depression, or suicidal ideation, it was reported on that date. While the applicant did report pain-induced insomnia, this did not appear to be a primary mental health complaint per se. The attending provider failed to furnish a clear rationale for the psychological consultation via the June 15, 2015 progress note at issue. Therefore, the request was not medically necessary.

