

<b>Case Number:</b>	CM15-0168584		
<b>Date Assigned:</b>	09/09/2015	<b>Date of Injury:</b>	08/23/2014
<b>Decision Date:</b>	10/08/2015	<b>UR Denial Date:</b>	08/07/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	08/27/2015

### 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: California

Certification(s)/Specialty: Physical Medicine & Rehabilitation

### 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 41 year old female, who sustained an industrial injury on August 23, 2014. She reported head, neck, right shoulder, right elbow and right wrist and hand pain secondary to repetitive work as a housekeeper. The injured worker was diagnosed as having thoracic sprain and strain, thoracic myospasm, right shoulder impingement with rotator cuff tendinopathy without tear and chronic cervicotracheal myofascial strain, sprain and pain with magnetic resonance imaging (MRI) evidence of very small degenerative bulges in the mid and caudal cervical spine. Treatment to date has included diagnostic studies, physical therapy for the right shoulder and arm, chiropractic care, acupuncture, shockwave therapy and physical therapy for the neck, right shoulder, right arm and upper back, activity restrictions, work restrictions and medications. Currently, the injured worker continues to report sharp headaches two to three days per week with associated dizziness, intermittent neck pain that radiates to the head with associated numbness, tingling, occasional spasms, stiffness and difficult rotation of the neck. She also noted popping with rotation of the neck to the right. Also noted was right shoulder pain radiating to the upper back and down the right arm, right elbow pain radiating down the right arm with popping when the elbow is extended and associated spasms and tingling, right wrist and hand pain resolved since previous carpal tunnel release in 2004, right sided upper back pain radiating to the neck and head with numbness to the upper back, sleep difficulties, stress and anxiety. The injured worker reported an industrial injury in 2014, resulting in the above noted pain. She was treated conservatively and surgically without complete resolution of the pain. Evaluation on July 19, 2015, revealed continued pain as noted. She reported the previous

conservative therapies to be mildly helpful. She reported difficulty and pain with personal hygiene, household chores, sexual activity, traveling and activities of daily living. She reported difficulty with social interaction. The PR-2 on July 30, 2015, revealed continued pain as noted. She rated her neck pain at 8, her thoracic pain at 9 and right shoulder pain at 9 using a visual analog scale (VAS) from 1-10 with 10 being the worst. The RFA on July 30, 2015, included requests for a Functional capacity evaluation and Sleep study and was non-certified on the utilization review (UR) on August 7, 2015.

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

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

**Sleep study:** 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), Mental Illness and Stress Chapter, Polysomnography.

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain Chapter, Polysomnography, pages 822-823.

**Decision rationale:** ODG recommends Polysomnography after at least six months of an insomnia complaint (at least four nights a week); unresponsive to behavior intervention and sedative/sleep-promoting medications; and after psychiatric etiology has been excluded. Criteria for the Polysomnography include (1) Excessive daytime somnolence; (2) Cataplexy (muscular weakness usually brought on by excitement or emotion, virtually unique to narcolepsy); (3) Morning headache (other causes have been ruled out); (4) Intellectual deterioration (sudden, without suspicion of organic dementia); (5) Personality change (not secondary to medication, cerebral mass or known psychiatric problems); & (6) Insomnia complaint for at least six months (at least four nights of the week), unresponsive to behavior intervention and sedative/sleep-promoting medications and psychiatric etiology has been excluded. Submitted reports have not adequately demonstrated support to meet the guidelines criteria in that the patient has clear psychiatric etiology and there are also no documented issues of specific insomnia with failure in pharmacological or psychotherapy treatment. The Sleep study is not medically necessary and appropriate.

**Functional capacity evaluation:** Upheld

**Claims Administrator guideline:** Decision based on MTUS ACOEM Page(s): 12. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Fitness for Duty Chapter, FCE.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Chapter 7, Independent Medical Examinations and Consultations, page(s) 137-138.

**Decision rationale:** The patient has received a significant amount of conservative treatments without sustained long-term benefit. The patient continues to treat for ongoing significant symptoms with further plan for care without any functional status changed. It appears the patient has not reached maximal medical improvement and continues to treat for chronic pain symptoms. Current review of the submitted medical reports has not adequately demonstrated the indication to support for the request for Functional Capacity Evaluation as the patient continues to actively treat. Per the ACOEM Treatment Guidelines on the Chapter for Independent Medical Examinations and Consultations regarding Functional Capacity Evaluation, there is little scientific evidence confirming FCEs' ability to predict an individual's actual work capacity as behaviors and performances are influenced by multiple nonmedical factors which would not determine the true indicators of the individual's capability or restrictions. The Functional Capacity Evaluation is not medically necessary and appropriate.