

Case Number:	CM15-0187103		
Date Assigned:	09/29/2015	Date of Injury:	08/07/2014
Decision Date:	11/10/2015	UR Denial Date:	09/14/2015
Priority:	Standard	Application Received:	09/23/2015

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 [REDACTED] beneficiary who has filed a claim for chronic neck, low back, mid back, and shoulder pain reportedly associated with an industrial injury of August 7, 2014. In a Utilization Review report dated September 14, 2015, the claims administrator failed to approve requests for a functional capacity evaluation, a follow-up visit with a spine specialist, and a follow-up visit with an orthopedist. The claims administrator invoked non-MTUS ODG Guidelines to deny the request for functional capacity evaluation, despite the fact that the MTUS address the topic. The claims administrator also invoked non-MTUS ODG Guidelines to deny the follow-up office visits and, moreover, mislabeled the same as originating from the MTUS. An August 5, 2015 office visit was referenced in the determination. On August 5, 2015, the applicant reported multifocal complaints of neck, upper back, mid back, low back, ankle, and shoulder pain with derivative complaints of psychological stress. The applicant was placed off of work, on total temporary disability. Aquatic therapy, home exercises, a follow-up visit with podiatry and a follow-up visit with spine specialist were endorsed. It was suggested the applicant had consulted a spine surgeon who had previously suggested a thoracolumbar fusion procedure. A repeat functional capacity evaluation was also proposed while the applicant was placed off of work, on total temporary disability. The requesting provider, a chiropractor, also suggested that the applicant had issues with ankle pain and/or plantar fasciitis via the August 5, 2015 and an associated RFA form of the same date.

IMR ISSUES, DECISIONS AND RATIONALES

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

Functional Capacity re-evaluation regarding the bilateral shoulders, cervical/thoracic/lumbar spines: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines, Fitness for Duty, Functional Capacity Evaluation.

MAXIMUS guideline: Decision based on MTUS General Approaches 2004, Section(s): General Approach to Initial Assessment and Documentation, and Chronic Pain Medical Treatment 2009, Section(s): Work conditioning, work hardening.

Decision rationale: No, the request for a functional capacity reevaluation 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 impairments into limitations and restriction and determine work capability, here, however, the applicant was placed off of work, on total temporary disability, as of the date in question, August 5, 2015. It was not stated why an FCE was sought as the treating provider had already chosen to keep the applicant off of work. It was not clearly established why FCE testing was proposed in the clinical and/or vocational context present here. While page 125 of the MTUS Chronic Pain Medical Treatment Guidelines does acknowledge that functional capacity testing can be employed as a precursor to enrollment in work hardening program, in this case, however, there was mention of the applicant's intent to enroll in work hardening program on the August 5, 2015 office visit at issue. Therefore, the request was not medically necessary.

Follow up office visit with spine specialist regarding the cervical/thoracic/lumbar spines: Overturned

Claims Administrator guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009.

MAXIMUS guideline: Decision based on MTUS General Approaches 2004, Section(s): Cornerstones of Disability Prevention and Management.

Decision rationale: Conversely, the request for a follow-up visit with a spine specialist was medically necessary, medically appropriate, and indicated here. As noted in the MTUS Guideline in ACOEM Chapter 5, page 79, frequent follow-up visits are "often warranted" even in those applicants whose conditions are not expected to change appreciable from week to week or visit to visit. Here, the applicant was off of work. The applicant was contemplating spine surgery, the primary treating provider (PTP) reported on August 5, 2015. Obtaining a follow-up visit with the applicant's spine specialist and spine surgeon was, thus, indicated for treatment formulation purposes, at a minimum. Therefore, the request was medically necessary.

Follow Up Office Visit with Orthopedic Surgeon regarding the bilateral shoulders, cervical/thoracic/lumbar spines: Overturned

Claims Administrator guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009.

MAXIMUS guideline: Decision based on MTUS General Approaches 2004, Section(s): Cornerstones of Disability Prevention and Management.

Decision rationale: Similarly, the request for a follow-up office visit with an orthopedic surgeon regarding the shoulders and/or spine was likewise medically necessary, medically appropriate, or indicated here. As noted in the MTUS Guideline in ACOEM Chapter 5, page 79, frequent follow-up visits are "often warranted" even in those applicants whose conditions are not expected to change appreciably from week to week or visit to visit. Here, the applicant was off of work. The applicant was considering spine surgery, it was suggested. Moving forward with a follow up visit with an orthopedist was, thus, indicated on several levels, including potentially for treatment formulation and/or disability management purposes, at a minimum. Therefore, the request was medically necessary.