

Case Number:	CM15-0212232		
Date Assigned:	11/02/2015	Date of Injury:	04/27/2014
Decision Date:	12/15/2015	UR Denial Date:	10/09/2015
Priority:	Standard	Application Received:	10/28/2015

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: New Jersey
Certification(s)/Specialty: Family Practice

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 53 year old female, who sustained an industrial injury on 4-27-2014. A review of the medical records indicates that the injured worker is undergoing treatment for posttraumatic stress disorder, lumbar spine sprain-strain, cervical spine sprain-strain, rule out cervical spine degenerative disc disease, rule out lumbar spine degenerative disc-joint disease, and depression, anxiety, and stress. On 8-13-2015, the injured worker reported constant pain in the bilateral left greater than right neck rated 7 on a numeric rating scale of 0-10 with 0 being no pain and 10 being the most severe pain, noting the pain worsening, constant pain in the bilateral right greater than left lower back rated as 5-6 on the numeric scale, worsening, with numbness and tingling in the legs with occasional pain traveling down both knees with weakness, and difficulty sleeping with anxiety, depression, and stress. The Treating Physician's report dated 8-13-2015, noted the injured worker reporting Lamictal helpful, Prozac and Wellbutrin helpful in reducing sequelae arising from her injury, with improved sleep. The physical examination was noted to show palpation at levels C2-T1 revealed moderate paraspinal tenderness and spasms bilaterally with distraction with relief of pain positive on both sides and shoulder depressor test revealing pain bilaterally. The cervical spine was noted to have reduces range of motion (ROM) limited by pain and spasms. Palpation at levels L3-S1 revealed mild paraspinal tenderness bilaterally with decreased lumbar range of motion (ROM) limited by pain. Prior treatments have included physical therapy, chiropractic treatments, and cognitive behavioral therapy (CBT). The treatment plan was noted to include urine drug screen (UDS), autonomic nervous system testing, Functional Capacity testing, and prescribed medications of transdermal analgesics. The injured

worker's work status was noted to be working full duty having reached permanent and stationary status. The request for authorization dated 8-13-2015, requested a baseline Functional Capacity Evaluation (FCE), continued psychological treatment (evaluation), and autonomic nerve system function test. The Utilization Review (UR) dated 10-9-2015, denied the requests for a baseline Functional Capacity Evaluation (FCE), continued psychological treatment (evaluation), and autonomic nerve system function test.

IMR ISSUES, DECISIONS AND RATIONALES

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

Autonomic nerve system function test: Upheld

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

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain section, Autonomic nervous system function testing.

Decision rationale: The MTUS Guidelines do not address autonomic nervous system function testing. The ODG, however, states that this testing is reserved to evaluate pain that would be in the category of CRPS. However, the ODG states that even so, this testing is still not generally recommended as a diagnostic test for CRPS. In the case of this worker, there was no clear indication stated as to why this testing was important in the treatment of this worker, and without a clear explanation and no evidence to suggest this worker had CRPS, this request for autonomic nerve system function test is not medically necessary at this time.

Continue psychological treatment (evaluation): Overturned

Claims Administrator guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Psychological evaluations.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation ACOEM p. 127.

Decision rationale: The ACOEM Guidelines state that referral to a specialist(s) may be warranted if a diagnosis is uncertain, or extremely complex, when psychosocial factors are present, or when the plan or course of care may benefit from additional expertise in assessing therapeutic management, determination of medical stability, and permanent residual loss and/or examinee's fitness for return to work, and suggests that an independent assessment from a consultant may be useful in analyzing causation or when prognosis, degree of impairment, or work capacity requires clarification. Referral to a specialist is required when a particular procedure is required in which the specialist is skilled. In the case of this worker, the provider requested an evaluation from a psychiatrist to continue care for the worker regarding her PTSD, for which she was taking medications, including Lamictal. Continuing to see a

psychiatrist is warranted considering her medications used and background, in the opinion of this worker, and visits with a psychiatrist should be at least quarterly. This request is medically necessary.

Baseline FCE: Upheld

Claims Administrator guideline: Decision based on MTUS General Approaches 2004. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Fitness for Duty Chapter, Pain Chapter.

MAXIMUS guideline: Decision based on MTUS General Approaches 2004, Section(s): Prevention, General Approach to Initial Assessment and Documentation. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Fitness for Duty section, Functional capacity evaluation (FCE).

Decision rationale: The MTUS Guidelines state that at present, there is not good evidence that functional capacity evaluations (FCE) are correlated with a lower frequency of health complaints or injuries, and that the pre-placement examination process will determine whether the employee is capable of performing in a safe manner the tasks identified in the job-task analysis. However, an FCE may be considered. The ODG goes into more detail as to which situations would benefit from an FCE, and how to make a request for such. It states that the healthcare provider requesting an FCE request an assessment for a specific task or job when wanting admission to a Work Hardening (WH) Program. The FCE is more likely to be successful if the worker is actively participating in determining the suitability of a particular job. The provider should provide as much detail as possible about the potential job to the assessor, and the more specific the job request, the better. The FCE may be considered when management is hampered by complex issues such as prior unsuccessful RTW attempts, conflicting medical reporting of precautions and/or fitness for modified job, or injuries that require detailed exploration of a worker's abilities. The timing of the request also has to be appropriately close or at maximal medical improvement with all key medical reports secured and additional conditions clarified. The ODG advises that one should not proceed with an FCE if the sole purpose is to determine a worker's effort or compliance, or if the worker has returned to work and an ergonomic assessment has not been arranged. In the case of this worker, the provider was recommended ongoing physical therapy and other treatments, suggesting maximal medical treatment was not reached at the time of this request. The worker also noted that she had not reached her maximal medical improvement to justify the request for physical therapy. Therefore, a baseline FCE would be premature at this time and this request is not medically necessary.