

Case Number:	CM15-0222534		
Date Assigned:	11/18/2015	Date of Injury:	01/10/2015
Decision Date:	12/30/2015	UR Denial Date:	10/16/2015
Priority:	Standard	Application Received:	11/12/2015

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: Massachusetts

Certification(s)/Specialty: Physical Medicine & Rehabilitation, Pain Management

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 58 year old female, who sustained an industrial injury on 1-10-15. The injured worker was diagnosed as having cervical disc protrusion, cervical radiculopathy, thoracic pain, lumbar radiculopathy and headaches. Subjective findings (7-1-15, 7-14-15) indicated cervical, thoracic and lumbar pain, headaches and difficulty sleeping due to pain. Objective findings (7-1-15, 7-14-15) revealed a positive Kemp's sign bilaterally, tenderness to palpation of the cervical, thoracic and lumbar spine and decreased cervical and lumbar range of motion. As of the PR2 dated 9-21-15, the injured worker reports cervical, thoracic and lumbar pain, headaches and difficulty sleeping due to pain. Objective findings include decreased cervical range of motion, tenderness to palpation of the cervical spine with radiating pain to the upper extremities. Lumbar examination shows decreased range of motion, tenderness to palpation of the bilateral gluteus and lumbar paraspinals and a positive sitting straight leg raise test on the right. Treatment to date has included extracorporeal shockwave therapy for the cervical spine, a thoracic MRI on 5-10-15, a lumbar MRI on 5-10-15, Motrin and LidoPro ointment. The Utilization Review dated 10-16-15, non-certified the request for a functional capacity evaluation as needed.

IMR ISSUES, DECISIONS AND RATIONALES

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

Functional capacity evaluation as needed: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation American College of Occupational and Environmental Medicine (ACOEM), 2nd Edition Chapter 7 Independent Medical Examinations and Consultations (pages 132-139) and the Official Disability Guidelines (ODG) FCE (functional capacity evaluation).

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Fitness For Duty, Functional capacity evaluation (FCE) and Other Medical Treatment Guidelines American College of Occupational and Environmental Medicine (ACOEM), 2nd Edition, (2004) Chapter 7, p63-64.

Decision rationale: The claimant sustained a work injury in January 2015 when, while attempting to lift a microwave, she felt a sudden pull in her low back and had pain. She continues to be treated for pain throughout her spine, headaches, right wrist pain, bilateral hand pins and needles sensation, difficulty sleeping due to pain, and secondary depression. When seen, physical examination findings included multilevel spinal tenderness. There was bilateral trapezius muscle tenderness. There were spasms throughout the spine. Right seated straight leg raising, Valsalva, and Kemp's tests were positive. Gaenslen testing was positive bilaterally. Durkan and Tinel's testing was positive bilaterally. Recommendations included an orthopedic evaluation and shockwave treatments. Expected benefit from providing acupuncture treatment is referenced. Authorization is being requested for a functional capacity evaluation as needed. A Functional Capacity Evaluation is an option for select patients with chronic pain when a physician thinks the information might be helpful to attempt to objectify worker capability with respect to either a specific job or general job requirements or as a required test prior to admission to a Work Hardening Program. In this case, there is no return to work or Work Hardening Program being planned. The claimant is being referred for further evaluation and additional treatments are being requested and is not being considered at maximum medical improvement. Requesting an "as needed" evaluation is not appropriate. The request is not medically necessary.