

<b>Case Number:</b>	CM15-0033628		
<b>Date Assigned:</b>	02/27/2015	<b>Date of Injury:</b>	12/04/2014
<b>Decision Date:</b>	04/09/2015	<b>UR Denial Date:</b>	01/19/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	02/23/2015

### 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: Maryland

Certification(s)/Specialty: Physical Medicine & Rehabilitation, Neuromuscular 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 injured worker is a 26 year old male, who sustained a work related injury on 12/4/14. He was working at his job which had his head down for three hours scanning cars, writing down required information and moving at a quick pace. The way he had to hold a scanner hurt his left thumb. The diagnoses have included brachial neuritis/radiculitis, myofasciitis/myalgia, left thumb sprain/strain and cervical sprain/strain. Treatments to date have included x-rays of cervical spine and left thumb, modified work restrictions and oral medications. In the PR-2 dated 12/4/14, the injured worker complains of neck and left thumb pain. He rates the pain an 8/10. He states the thumb pain is intermittent and dull. It is made worse with grasping. . He has tenderness noted at left thumb metacarpal joint. He states the neck pain is intermittent and dull. He states the pain is made worse by head motion. He has posterior cervical tenderness noted at C7-T1. On 1/19/15, Utilization Review non-certified requests for physical therapy 2 x 4 for the neck, functional capacity evaluation, MD referral for medication, cervical pillow and lumbar brace. The California MTUS, ACOEM Guidelines and ODG were cited.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Physical therapy 2x4 for the neck:** Upheld

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 2 General Approach to Initial Assessment and Documentation, Chapter 5 Cornerstones of Disability Prevention and Management Page(s): 43, 49, 83, 92.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Physical Medicine Page(s): 98-99.

**Decision rationale:** Physical therapy 2x4 for the neck is not medically necessary per the MTUS Chronic Pain Medical Treatment Guidelines. The documentation indicates that the patient was referred to PT already. It is unclear of the outcome of this PT and to what body part his prior PT was for. Without this information additional PT cannot be certified as medically necessary.

**Functional capacity evaluation:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Functional improvement measures Page(s): 48.

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 5 Cornerstones of Disability Prevention and Management Page(s): 91. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Fitness For Duty- Functional capacity evaluation (FCE).

**Decision rationale:** Functional Capacity Evaluation (FCE) is not medically necessary per the MTUS and ODG guidelines. The MTUS states that determining limitations is not really a medical issue. In many cases, physicians can listen to the patient's history, ask questions about activities, and then extrapolate, based on knowledge of the patient and experience with other patients with similar conditions. It may be necessary to obtain a more precise delineation of patient capabilities than is available from routine physical examination. Under some circumstances, this can best be done by ordering a functional capacity evaluation of the patient. The ODG states that if a worker is actively participating in determining the suitability of a particular job, the FCE is more likely to be successful. A FCE is not as effective when the referral is less collaborative and more directive. The ODG states that an FCE can be considered if case management is hampered by complex issues such as: prior unsuccessful return to work attempts; conflicting medical reporting on precautions and/or fitness for modified job; injuries that require detailed exploration of a worker's abilities. The documentation is not clear on why the patient needs a FCE evaluation. There are no documents with conflicting reporting on fitness for job duties. There is no evidence that the patient is actively participating in suitability of a job. The request for functional capacity evaluation (FCE) is not medically necessary.

**MD referral for medication:** Upheld

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 2 General Approach to Initial Assessment and Documentation.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Functional Restoration Approach to Chronic Pain Management Page(s): 7. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain- office visits.

**Decision rationale:** MD referral for medication is not medically necessary per the MTUS Guidelines and the ODG. The MTUS states that multiple treatment modalities, (pharmacologic, interventional, psychosocial/behavioral, cognitive, and physical/occupational therapies) are most effectively used when undertaken within a coordinated, goal oriented, functional restoration approach. The ODG states that a need for a clinical office visit with a health care provider is individualized based upon a review of the patient concerns, signs and symptoms, clinical stability, and reasonable physician judgment. The determination is also based on what medications the patient is taking, since some medicines such as opiates, or medicines such as certain antibiotics, require close monitoring. The documentation is not clear on the rationale for this referral. The documentation indicates that patient has had an MD referral already. Without clarification of this information the request for MD referral for medication is not medically necessary.

**Cervical pillow:** 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), Neck Chapter, cervical pillows.

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Neck and upper back- pillow.

**Decision rationale:** Cervical pillow is not medically necessary per the ODG Guidelines. The MTUS does not address this issue. The ODG recommends use of a neck support pillow while sleeping, in conjunction with daily exercise. This randomized control trial concluded that subjects with chronic neck pain should be treated by health professionals trained to teach both exercises and the appropriate use of a neck support pillow during sleep; either strategy alone did not give the desired clinical benefit. The documentation is not clear the patient is performing a home exercise routine. The documentation is not clear on how much supervised therapy for the neck the patient has had. The request for a cervical pillow is not medically necessary.

**Lumbar brace:** Upheld

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 139.

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 1 Prevention, Chapter 12 Low Back Complaints Page(s): 9 & 298, 301.

**Decision rationale:** Lumbar brace is not medically necessary per the MTUS ACOEM Guidelines. The guidelines state that lumbar supports have not been shown to have any lasting benefit beyond the acute phase of symptom relief. The documentation states that the dry wrap was requested to provide more stability and support of the low back. The MTUS guidelines also state that there is no evidence for the effectiveness of lumbar supports in preventing back pain in

industry. Furthermore, the guidelines state that the use of back belts as lumbar support should be avoided because they have been shown to have little or no benefit, thereby providing only a false sense of security. The request for a lumbar brace is not medically necessary.