

Case Number:	CM15-0041979		
Date Assigned:	03/13/2015	Date of Injury:	03/26/2011
Decision Date:	04/16/2015	UR Denial Date:	02/23/2015
Priority:	Standard	Application Received:	03/04/2015

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, Indiana, New York
Certification(s)/Specialty: Internal 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 48-year-old male, who sustained an industrial injury on 3/26/2011. He reported a box of chairs fell from a shelf onto the back of his neck. The injured worker was diagnosed as having chronic cervicalgia. Treatment to date has included epidural steroid injection and medication management. Currently, a progress note from the treating provider dated 2/12/2015 indicates the injured worker reported neck pain, difficulty sleeping and bilateral hand numbness.

IMR ISSUES, DECISIONS AND RATIONALES

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

Spinal Surgery Consult: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation ACOEM: Guidelines, 2nd Edition, 2004, Chapter 7, page 127.

MAXIMUS guideline: Decision based on MTUS ACOEM Page(s): Chapter 7, page 127. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain section, Office visits.

Decision rationale: Pursuant to the ACOEM and the Official Disability Guidelines, referral spinal surgery consult is not medically necessary. An occupational health practitioner may refer to other specialists if the diagnosis is certain or extremely complex, when psychosocial factors are present, or when the plan or course of care may benefit from additional expertise. A consultation is designed to aid in the diagnosis, prognosis and therapeutic management of a patient. The need for a clinical office visit with a healthcare provider is individualized based upon a review of 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 medications such as opiates for certain antibiotics require close monitoring. In this case, the injured worker is working diagnoses are cervicalgia; and insomnia. The documentation indicates the injured worker was seen and evaluated by the spinal surgeon in 2011. There were recommendations for cervical epidural steroid injections or possibly surgery. This notation appears in the February 12, 2015 progress note. The initial consultation was not in the medical record. MRI evaluation showed C4 - C5 through C6 - C7 degenerative disease and mild to moderate left C5 - C6 and moderate bilateral C6 - C7 foraminal stenosis. The documentation indicates the injured worker has not had physical therapy. The injured worker had epidural steroid injections two years prior. EMGs of the upper extremities were unremarkable. The motor examination of the upper extremities was 5/5 and unremarkable. The injured worker should receive a physical therapy evaluation and treatment prior to following with the spinal surgeon consultation. Additionally, there are no significant neurologic findings. EMG/NCV is unremarkable. Consequently, absent clinical documentation with neurologic deficit, normal EMG/NCV and no prior physical therapy, referral spinal surgery consult is not medically necessary.

Functional Capacity Evaluation: Upheld

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

MAXIMUS guideline: Decision based on MTUS ACOEM Page(s): Chapter 7, 137-8.

Decision rationale: Pursuant to the ACOEM, functional capacity evaluation is not medically necessary. The guidelines state the examiner is responsible for determining whether the impairment results from functional limitations and to inform the examinee and the employer about the examinee's abilities and limitations. The physician should state whether work restrictions are based on limited capacity, risk of harm or subjective examinees tolerance for the activity in question. There is little scientific evidence confirming functional capacity evaluations to predict an individual's actual capacity to perform in the workplace. For these reasons, it is problematic to rely solely upon functional capacity evaluation results for determination of current work capabilities and restrictions. In this case, the injured worker's working diagnoses are cervicalgia; and insomnia. The injured worker states he has not been working for approximately one month in a February 12, 2015 progress note. The October 23, 2014 progress note indicates the injured worker has been temporarily, totally disabled since July 26, 2013 through the present. There was no discussion of the injured worker returning to work. The

injured worker has not received physical therapy to date. Functional capacity evaluations are recommended to translate medical impairment into functional limitations and determine work capability. Consequently, absent clinical documentation with the anticipation of returning to work in the absence of physical therapy and temporary, total disability from October 23, 2014 to the present, a functional capacity evaluation is not medically necessary.

Trazadone 50mg #200: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Antidepressants for Chronic Pain Page(s): 13-16. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain Chapter.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Mental illness and stress, Trazodone.

Decision rationale: Pursuant to the Chronic Pain Medical Treatment Guidelines and the Official Disability Guidelines, Trazodone 50 mg #200 is not medically necessary. Trazodone is recommended as an option for insomnia, only for patients with potentially coexisting mild psychiatric symptoms such as depression or anxiety. See the guidelines for additional details. In this case, the injured worker's working diagnoses are cervicalgia; and insomnia. The documentation does not reflect the injured worker has a history of anxiety and depression. In a single progress note, the treating physician states the injured worker is anxious and depressed because of chronic pain. There is no firm documentation of coexisting mild psychiatric symptoms of depression and anxiety. Additionally, the treating physician requested quantity of #200 Trazodone 50 mg. This represents a three-month supply. The treating physician should follow the patient in one month to gauge of objective functional improvement before prescribing a three-month supply (#200). Consequently, absent clinical documentation with objective functional improvement to gauge ongoing Trazodone 50 mg (with a three month supply in a new prescription), Trazodone 50 mg #200 is not medically necessary.