

Case Number:	CM15-0053145		
Date Assigned:	03/26/2015	Date of Injury:	01/11/2014
Decision Date:	05/01/2015	UR Denial Date:	03/06/2015
Priority:	Standard	Application Received:	03/20/2015

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, Illinois

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 injured worker is a 47-year-old female, who sustained an industrial injury on 01/11/2014. She reported hearing a cracking sound at her back followed by sharp pain. Treatment to date has included x-rays, MRI, physical therapy and shockwave therapy. Currently, the injured worker complains of neck pain that is associated with numbness and tingling of the bilateral upper extremities, mid back pain and low back pain. Pain was alleviated with medications, rest and activity restriction. Diagnoses included cervical spine sprain/strain rule out herniated nucleus pulposus, rule out cervical radiculopathy, thoracic spine pain, thoracic spine sprain/strain rule out herniated nucleus pulposus, low back pain, lumbar spine sprain/strain rule out herniated nucleus pulposus and rule out lumbar radiculopathy. Recommendations included medications, x-rays of the cervical, thoracic and lumbar spine, MRI scan of the cervical, thoracic and lumbar spine, electrodiagnostic testing of the bilateral upper and lower extremities, Functional Capacity Evaluation, physical therapy, acupuncture, Localized Intense Neurostimulation Therapy, shockwave therapy, TENS unit and Terocine patches. The injured worker was to return to work with modified duties.

IMR ISSUES, DECISIONS AND RATIONALES

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

Functional capacity evaluation retrospective to 12/27/14: Upheld

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

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 5 Cornerstones of Disability Prevention and Management Page(s): 81. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Fitness for Duty Functional capacity evaluation (FCE).

Decision rationale: The injured worker sustained a work related injury on 01/11/2014. The medical records provided indicate the diagnosis of cervical spine sprain/strain rule out herniated nucleus pulposus, rule out cervical radiculopathy, thoracic spine pain, thoracic spine sprain/strain rule out herniated nucleus pulposus, low back pain, lumbar spine sprain/strain rule out herniated nucleus pulposus and rule out lumbar radiculopathy. Treatments have included physical therapy and shockwave therapy. The medical records provided for review do indicate a medical necessity for Functional capacity evaluation retrospective to 12/27/14. Functional Capacity Evaluation happens to be a controversial issue: while the MTUS recommends that Functional Capacity Evaluation can give a better guide to an individual's capacity, this guide states that determining functional limitation is not really a medical issue. Additionally, the Official Disability Guidelines recommends that Functional Capacity Evaluation be done as close to maximal Medical improvement as possible, and that in doing it it's should be as much as job specific as possible, and should be done only if the individual's case management has been hampered by difficulty in return to work or if there are conflicts in returning the worker to work, therefore the requested treatment is not medically necessary.