MAXIMUS Federal Services

Case Number:	CM15-0053224		
Date Assigned:	03/26/2015	Date of Injury:	01/11/2015
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: 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 28 year old male who sustained an industrial injury on 01/11/15. Initial complaints were lumbar spine pain. Initial diagnoses were low back sprain/strain and muscle spasm of the back. Treatments to date include medications, physical therapy, and chiropractic treatments. Diagnostic studies are not discussed. Current complaints include lower back pain. In a QME examination dated 01/29/15 the examiner reports the plan of care as a urine drug test, an autonomic nervous system and sudoscan testing, x-rays of the lumbar spine, and a Functional Capacity Evaluation. The requested treatments are an autonomic nervous system function test and a Functional Capacity Evaluation.

IMR ISSUES, DECISIONS AND RATIONALES

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

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 Chapter 7 Independent Medical Examination and Consultations, pages 132-139.

MAXIMUS guideline: Decision based on MTUS ACOEM Page(s): Chapter 7, Page 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. The guidelines indicate functional capacity evaluations are recommended to translate medical impairment into functional limitations and determine work capability. Guideline criteria functional capacity evaluations include prior unsuccessful return to work attempts, conflicting medical reporting on precautions and/or fitness for modify job, the patient is close to maximum medical improvement, and clarification any additional secondary conditions. FCEs are not indicated when the sole purpose is to determine the worker's effort for compliance with the worker has returned to work and an ergonomic assessment has not been arranged. In this case, the injured worker's working diagnoses are lumbar spine sprain/strain; radiculitis lumbosacral; and rule out lumbar spine degenerative disease/joint disease. Subjectively, the injured worker complains of low back pain is worsening with stiffness (pursuant to a progress note dated January 29, 2015). Objectively, the blood pressure is 133/92 with a heart rate of 76. There is a detailed lumbosacral spine evaluation and lower extremity evaluation. A progress note dated January 29, 2015 indicate the treating physician is ordering a functional capacity evaluation to determine what type of functional deficits and capabilities the injured worker currently has for possible reintroduction into the open labor market. Functional capacity evaluations are recommended to translate medical impairment into functional limitations and determine work capability. The injured worker is in the midst of receiving physical therapy with inclusive dates February 12, 2015 through March 6 of 2015. Guideline criteria also include prior unsuccessful return to work attempts, conflicting medical reporting on fitness for a modified job and the patient is close to maximum medical improvement. There is no documentation the injured worker was close to maximal medical improvement and, as noted above, the injured worker is receiving ongoing physical therapy to the lumbar spine. Consequently, absent clinical documentation of reaching maximal medical improvement or approaching maximum medical improvement while receiving ongoing physical therapy with no attempt at return to work, functional capacity evaluation is not medically necessary.

Autonomic Nervous System Function Test: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints. Decision based on Non-MTUS Citation Handb Clin Neurol. 2013; 115: 115-36. http://www.ncbi.nlm.nih.gov/pubmed/23931777.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation http://www.aetna.com/cpb/medical/data/400_499/0485.html.

Decision rationale: Pursuant to the Aetna clinical policy bulletin: autonomic testing/sudo-motor tests, autonomic nervous system function testing is not medically necessary. Aetna considers autonomic testing such as quantitative sudomotor axon reflex test (QSART), silastic sweat imprint, and thermoregulatory sweat test (TST) medically necessary for use as a diagnostic tool for any of the following conditions/disorders: 1.Amyloid neuropathy, 2.Diabetic autonomic neuropathy, 3.Distal small fiber neuropathy, 4.Idiopathic neuropathy, 5. Multiple system atrophy, 6.Pure autonomic failure, 7. Reflex sympathetic dystrophy or causalgia (sympathetically maintained pain), 8. Sjogren's syndrome. Aetna considers autonomic testing experimental and investigational for all other indications (e.g., chronic fatigue syndrome/myalgic encephalomyelitis, postural tachycardia syndrome, Raynaud phenomenon, and predicting foot ulcers) because its effectiveness for indications other than the ones listed above has not been established. In this case, the injured worker's working diagnoses are lumbar spine sprain/strain; radiculitis lumbosacral; and rule out lumbar spine degenerative disease/joint disease. Subjectively, the injured worker complains of low back pain is worsening with stiffness (pursuant to a progress note dated January 29, 2015). Objectively, the blood pressure is 133/92 with a heart rate of 76. There is a detailed lumbosacral spine evaluation and lower extremity evaluation. There is no clinical indication or rationale for an autonomic nervous system function test. The indications are amyloid neuropathy, diabetic autonomic neuropathy, distal small fiber neuropathy, idiopathic neuropathy, etc. (see guideline above). The injured worker does not have any of the listed diagnoses indicated for performing autonomic testing. Consequently, absent clinical documentation with the clinical indication and rationale for autonomic nervous system testing, autonomic nervous system function testing is not medically necessary.