

Case Number:	CM15-0083082		
Date Assigned:	05/05/2015	Date of Injury:	01/05/2008
Decision Date:	06/09/2015	UR Denial Date:	04/22/2015
Priority:	Standard	Application Received:	04/30/2015

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, California
 Certification(s)/Specialty: Family Practice

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 62-year-old male, who sustained an industrial injury on 1/5/08. He has reported initial complaints of pain in the neck with numbness down the right upper extremity after being involved in a motor vehicle accident. The diagnoses have included cervicobrachial syndrome, cervicalgia and brachial neuritis/radiculitis. Treatment to date has included medications, injections with no relief, physical therapy with no relief, acupuncture with some benefit, and chiropractic with no relief, neck surgery, H-wave unit. The diagnostic testing that was performed included computerized axial tomography (CT scan) of the cervical spine and x-rays of the cervical spine. The current medications included Oxycodone, Soma, Amitriptyline, and Cymbalta. Currently, as per the physician progress note dated 4/15/15, the injured worker complains of headaches and neck range of motion causes pain. He reports feeling the same since last visit. The pain in the neck is constant, aching, and there is numbness down the bilateral arms. The pain was rated 7/10 on pain scale, which was slightly less than the previous visit of 8/10. The objective findings revealed blood pressure of 147/96 and pulse of 91. The neck exam revealed that the triggers were improving. The injured worker states that he is no longer going to physical therapy and acupuncture helped but he has no more visits. There were no recent diagnostic studies and there were no previous therapy sessions noted in the records. The physician requested treatment included Functional Capacity Examination to determine whether the impairment results in functional limitations. The patient's surgical history include cervical fusion and hardware removal on 2012. The patient has had MRI of the cervical spine on 3/3/2009 that revealed disc bulge with foraminal narrowing, degenerative changes and s/p fusion. Per the doctor's note dated 2/10/15 patient had complaints of pain in the cervical region at 7/10. Physical examination revealed increased neck pain with numbness in both arms.

IMR ISSUES, DECISIONS AND RATIONALES

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

Functional Capacity Examination: Upheld

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

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Chapter: Fitness for Duty(updated 9/23/14)Functional capacity evaluation (FCE).

Decision rationale: Request: Functional Capacity Examination MTUS guideline does not specifically address this issue. Hence ODG used. Per the ODG guidelines cited below 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. It is important to provide as much detail as possible about the potential job to the assessor. Job specific FCEs are more helpful than general assessments. The report should be accessible to all the return to work participants. Consider an FCE if: 1. Case management is hampered by complex issues such as: Prior unsuccessful RTW attempts. Conflicting medical reporting on precautions and/or fitness for modified job. Injuries that require detailed exploration of a worker's abilities. 2. Timing is appropriate: Close or at MMI/all key medical reports secured. Additional/secondary conditions clarified. Do not proceed with an FCE if the sole purpose is to determine a worker's effort or compliance. The worker has returned to work and an ergonomic assessment has not been arranged. Any complex issues that hampered case management or prior unsuccessful RTW attempts are not specified in the records provided. Any evidence of conflicting medical reporting on precautions and/or fitness for modified job or any injuries that require detailed exploration of a worker's abilities are not specified in the records provided. The guidelines state: do not proceed with an FCE if: The sole purpose is to determine a worker's effort or compliance. Patient has received an unspecified number of PT visits for this injury. Response to conservative therapy including PT was not specified in the records provided. The medical necessity of the request for Functional Capacity Examination is not fully established for this patient, therefore the request is not medically necessary.