

Case Number:	CM15-0087150		
Date Assigned:	05/11/2015	Date of Injury:	12/06/2011
Decision Date:	06/19/2015	UR Denial Date:	04/10/2015
Priority:	Standard	Application Received:	05/06/2015

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: New Jersey, Alabama, California
 Certification(s)/Specialty: Neurology, 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 49 year old male who sustained an industrial injury on 12/06/2011. The injured worker was diagnosed with discogenic cervical disease, discogenic lumbar disease, gastroesophageal reflux disorder (GERD) and depression. Treatment to date includes diagnostic testing, conservative measures, acupuncture therapy, physical therapy, epidural steroid injection, facet joint injections, psychological evaluation, cognitive behavioral therapy (CBT), chiropractic therapy (6 sessions), hot/cold wraps, neck pillow back brace, transcutaneous electrical nerve stimulation (TEN's) unit, cervical collar, traction and medications. According to the primary treating physician's progress report on March 24, 2015, the injured worker continues to experience neck and low back pain. Examination of the cervical spine demonstrated tenderness along the facet with facet loading along the cervicolumbar spine. Reflexes were symmetrical with motor strength of the upper and lower extremities intact. Current medications are listed as Nalfon, Norco, Tramadol ER, Neurontin, Protonix, Effexor SR, Flexeril, Fioricet and Viagra. Treatment plan consists of lower extremity Nerve Conduction Velocity (NCV) studies, neurology consultation, and urine drug screening, chiropractic visits; four lead transcutaneous electrical nerve stimulation (TEN's) unit with conductive garment, laboratory blood work and the current request for a Functional Capacity Evaluation (FCE).

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: Decision based on MTUS ACOEM Chapter 5 Cornerstones of Disability Prevention and Management Page(s): 89-92. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Fitness for Duty, Functional capacity evaluations.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Chronic pain programs, early intervention, Guidelines Assessing Red Flags and Indication for Immediate Referral Page(s): 32-33, 171.

Decision rationale: According to MTUS guidelines, the presence of red flags may indicate the need for specialty consultation. In addition, the requesting physician should provide a documentation supporting the medical necessity for a pain management evaluation with a specialist. The documentation should include the reasons, the specific goals and end point for using the expertise of a specialist. In the chronic pain programs, early intervention section of MTUS guidelines stated: "Recommendations for identification of patients that may benefit from early intervention via a multidisciplinary approach: (a) The patient's response to treatment falls outside of the established norms for their specific diagnosis without a physical explanation to explain symptom severity. (b) The patient exhibits excessive pain behavior and/or complaints compared to that expected from the diagnosis. (c) There is a previous medical history of delayed recovery. (d) The patient is not a candidate where surgery or other treatments would clearly be warranted. (e) Inadequate employer support. (f) Loss of employment for greater than 4 weeks. The most discernible indication of at risk status is lost time from work of 4 to 6 weeks. (Mayer 2003)." There is no documentation that the patient condition require functional capacity evaluation. There is no strong scientific evidence that functional capacity evaluation predicts the patient ability to perform his work. In addition, the provider should document that the patient reached his MMI. The requesting physician should provide a documentation supporting the medical necessity for this evaluation. The documentation should include the reasons, the specific goals and end point for Functional Capacity Evaluation. Therefore, the request for Functional Capacity Evaluation is not medically necessary.