

Case Number:	CM14-0145688		
Date Assigned:	09/12/2014	Date of Injury:	12/30/2005
Decision Date:	10/15/2014	UR Denial Date:	08/13/2014
Priority:	Standard	Application Received:	09/08/2014

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. The expert reviewer is Board Certified in Internal Medicine, Pulmonary Diseases, and is licensed to practice in California, Florida, and New York. 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/services. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

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 42-year-old female who reported an injury on 12/30/2005 while riding as a passenger in a vehicle she collided with another vehicle causing Injuries. The injuries complained of headaches, neck pain, and bilateral shoulder pain. The injured worker had diagnoses of headache, cervical disc protrusion, cervical myospasm, cervical pain, cervical radiculopathy, cervical sprain/strain, lumbar annular tear, lumbar disc protrusion, lumbar myospasm, lumbar pain, lumbar radiculopathy, lumbar sprain/strain, bilateral shoulder impingement syndrome, bilateral shoulder sprain/strain, bilateral shoulder tenosynovitis, and shoulder pain. Past treatments included physical therapy, medication, a home exercise program, TENS unit, and muscle relaxants. The diagnostics included an MRI of the left shoulder which revealed tendinosis and a biceps tendon tear. The physical examination of the cervical spine revealed flexion to 50 degrees and extension of 60 degrees, tenderness to palpation at the cervical vertebral muscles. Muscle spasm of the vertebral muscles and cervical compression was positive. Examination of the lumbar spine revealed flexion 60 degrees, extension 60 degrees, with a WHSS x1 present at the lumbar spine. Range of motion was decreased and painful. Tenderness to palpation at the lumbar paravertebral muscles. Medications included tramadol, Cyclobenzaprine, Neurontin, Sumatriptan and Fioricet. Treatment plan included a Functional Capacity Evaluation physical performance test, date of service 05/27/2014. The request for authorization was not submitted with documentation.

IMR ISSUES, DECISIONS AND RATIONALES

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

Functional Capacity Evaluation (FCE) physical performance test, DOS: 5/27/2014: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Functional Restoration Program, Page(s): 30-32.

Decision rationale: The MTUS Chronic Pain Guidelines indicate that a Functional Restoration program is recommended for patients with conditions that put them at risk of delayed recovery. The criteria for entry into a functional restoration program includes an adequate and thorough evaluation that has been made including baseline functional testing so follow-up with the same test can note functional improvement, documentation of previous methods of treating chronic pain have been unsuccessful and there is an absence of other options likely to result in significant clinical improvement, documentation of the patient's significant loss of the ability to function independently resulting from the chronic pain, documentation that the patient is not a candidate for surgery or other treatments would clearly be warranted, documentation of the patient having motivation to change and that they are willing to forego secondary gains including disability payments to effect this change, and negative predictors of success has been addressed. Additionally it indicates the treatment is not suggested for longer than 2 weeks without evidence of demonstrated efficacy as documented by subjective and objective gains. The clinical notes indicated that the doctor has requested chiropractic therapy, physical therapy, pain management consult, orthopedic consult, and neurology consult. Therefore, the request for the Functional Capacity Evaluation is not medically necessary at this time. As such, the request is not medically necessary.