

Case Number:	CM14-0081009		
Date Assigned:	07/18/2014	Date of Injury:	09/14/2012
Decision Date:	09/19/2014	UR Denial Date:	05/13/2014
Priority:	Standard	Application Received:	06/02/2014

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 Occupational Medicine and is licensed to practice in California. 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:

This is a 39-year-old female with a 9/14/12 date of injury. The mechanism of injury occurred when a coworker pushed her, and she fell forward onto a table top and experienced immediate pain of her mid back and up and down her spine. According to a progress report dated 5/30/14, the patient stated that she continued to have significant pain in the neck and low back, moderate to severe. She had been approved for the functional restoration program and was starting next week. Objective findings: limited ROM of cervical spine, tenderness in the paralumbar musculature, tenderness in the parathoracic musculature, positive muscle spasming in the paralumbar musculature, restricted ROM of lumbar spine, diminished sensation L2 and L3 nerve root distributions bilateral lower extremities, shoulder muscle tenderness. Diagnostic impression: chronic intractable low back pain, lumbar strain, thoracic strain, multi-level disc herniations lumbar spine with degenerative disc disease, radiculitis bilateral lower extremities, neuropathic pain, cervical strain, bilateral shoulder strain. Treatment to date: medication management, activity modification, physical therapy. A UR decision dated 5/13/14 denied the requests for pain management consult and functional capacity evaluation. Regarding pain management consult, the patient had a pain management consult on 4/25/14, there is no rationale provided why the patient would need an additional pain management consult. Regarding functional capacity evaluation, the patient had a functional evaluation as part of a FRP evaluation on 4/29/14. There is no rationale provided why the patient would need an additional functional capacity evaluation.

IMR ISSUES, DECISIONS AND RATIONALES

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

Pain Management Consultation: 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 Examinations and Consultations: Referrals.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Clinical Topics. Decision based on Non-MTUS Citation American College of Occupational and Environmental Medicine (ACOEM), 2nd Edition, (2004) Chapter 6 page(s) 127, 156 Official Disability Guidelines (ODG) Pain Chapter - Office Visits.

Decision rationale: CA MTUS does not address this issue. ODG states that evaluation and management (E&M) outpatient visits to the offices of medical doctor(s) play a critical role in the proper diagnosis and return to function of an injured worker, to monitor the patient's progress, and make any necessary modifications to the treatment plan. The determination of necessity for an office visit requires individualized case review and assessment, being ever mindful that the best patient outcomes are achieved with eventual patient independence from the health care system through self-care as soon as clinically feasible. It is documented that the patient has had a pain management consultation on 3/7/14 and 4/25/14. A specific rationale regarding why the patient requires an additional evaluation at this time was not provided. Therefore, the request for Pain Management Consultation was not medically necessary.

Functional Capacity Evaluation for True Impairment Rating: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation ACOEM Practice Guidelines 2nd Edition - Independent Medical Examinations and Consultations Chapter 7, pages 137-138: Functional capacity evaluations (FCEs).

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Clinical Topics. Decision based on Non-MTUS Citation American College of Occupational and Environmental Medicine (ACOEM), 2nd Edition, (2004) Chapter 7 page(s) 132-139 Official Disability Guidelines (ODG) Fitness for Duty Chapter - FCE.

Decision rationale: CA MTUS states that there is little scientific evidence confirming that FCEs predict an individual's actual capacity to perform in the workplace; an FCE reflects what an individual can do on a single day, at a particular time, under controlled circumstances, that provide an indication of that individual's abilities. In addition, ODG states that an FCE should be considered when case management is hampered by complex issues (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, timing is appropriate (Close to or at MMI/all key medical reports secured), and additional/secondary conditions have been clarified. There is little scientific evidence confirming that FCEs predict an individual's actual capacity to perform in the workplace. The patient had a functional capacity examination performed on 4/18/14. A specific rationale regarding why the patient requires an additional functional

capacity evaluation was not provided. Therefore, the request for Functional Capacity Evaluation for True Impairment Rating was not medically necessary.