

<b>Case Number:</b>	CM13-0008155		
<b>Date Assigned:</b>	06/11/2014	<b>Date of Injury:</b>	09/21/2011
<b>Decision Date:</b>	07/15/2015	<b>UR Denial Date:</b>	07/26/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	08/07/2013

### 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: Massachusetts

Certification(s)/Specialty: Physical Medicine & Rehabilitation, Pain Management

### 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 56 year old female, who sustained an industrial injury on 9/21/2011. The mechanism of injury is unknown. The injured worker was diagnosed as having cervical musculoligamentous injury, cervical myospasm, cervical disc protrusion, cervical and lumbar radiculitis/radiculopathy, lumbar musculoligamentous injury with myospasm, lumbar disc protrusion, bilateral shoulder impingement and right shoulder effusion and bursitis. There is no record of a recent diagnostic study. Treatment to date has included 24+ chiropractic visits and medication management. In a progress note dated 7/19/2013, the injured worker complains of neck pain, low back pain and bilateral shoulder pain. Physical examination showed decreased and painful cervical range of motion with muscle spasms, lumbar spine decreased range of motion with tenderness to palpation and bilateral shoulder decreased range of motion with tenderness to palpation. The treating physician is requesting functional capacity evaluation for the cervical, lumbar and shoulder areas and a pain management follow-up consultation.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**FUNCTIONAL CAPACITY EVALUATION FOR THE CERVICAL, LUMBAR AND SHOULDERS:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG): Fitness for Duty Chapter.

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation American College of Occupational and Environmental Medicine (ACOEM), 2nd Edition, (2004) Chapter 7, p63-64.

**Decision rationale:** The claimant sustained a work injury in September 2011 and continues to be treated for neck pain, low back pain, and bilateral shoulder pain. Treatments have included lumbar epidural steroid injections with reported 70% improvement. When seen, there was decreased range of motion with tenderness. Recommendations included following up with pain management. A Functional Capacity Evaluation is an option for select patients with chronic pain. However, in this case, the claimant has been referred for pain management follow-up and might be a candidate for further interventional care. There is no defined return to work plan. She is not considered at maximum medical improvement and requesting a Functional Capacity Evaluation at this time is not medically necessary.

**PAIN MANAGEMENT FOLLOW-UP CONSULT:** Overturned

**Claims Administrator guideline:** Decision based on MTUS ACOEM Page(s): 92, 127, and 137- 138.

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Criteria for the use of Epidural steroid injections, p46 American College of Occupational and Environmental Medicine (ACOEM), 2nd Edition, (2004), Chapter 7: Independent Medical Examinations and Consultations, p127.

**Decision rationale:** The claimant sustained a work injury in September 2011 and continues to be treated for neck pain, low back pain, and bilateral shoulder pain. Treatments have included lumbar epidural steroid injections with reported 70% improvement including increased positional tolerances and decreased medication use. When seen, there was decreased range of motion with tenderness. Recommendations included following up with pain management. Guidelines recommend consideration of a consultation if clarification of the situation is necessary. In this case, the claimant had ongoing pain and has not returned to work. Prior epidural steroid injections have been of benefit. Another epidural steroid injection might be an option in her treatment. Therefore, requesting a pain management follow-up was medically necessary.