

Case Number:	CM14-0197007		
Date Assigned:	12/16/2014	Date of Injury:	07/25/2012
Decision Date:	02/19/2015	UR Denial Date:	11/03/2014
Priority:	Standard	Application Received:	11/24/2014

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. 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:

This is a 53 year old male patient who sustained a work related injury on 7/25/12 The patient sustained the injury due to cumulative trauma The current diagnoses include thoracic spine disc protrusion, lumbar spine musculoligamentous strain, disk protrusion, bilateral wrist/hand sprain/strain, bilateral knee meniscus tear and bilateral feet/heel sprain strain Per the doctor's note dated 10/29/14, patient has complaints of upper back and lower back pain rated 6/10, bilateral hand pain rated 7/10 on the right and 6/10 on the left, left second finger pain rated 5/10, bilateral knee pain rated 7/10 on the right and 5/10 on the left, bilateral foot pain rated 6/10 on the right and 5/10 on left, and bilateral heel pain rated 6/10 and relieves with medication, therapy, and rest. Physical examination of the revealed tenderness and spasm over the bilateral paraspinals and quad limb muscles, range of motion decreased in all planes, extension/rotation test of facets was positive bilaterally, mild/slight swelling over the right knee. He has had FCE on 6/5/14 that revealed his PDL was light. The medication lists include Narcosoft, Cyclobenzaprine, Naproxen, Hydrocodone 325 mg, Omeprazole, Tylenol #3, Fenofibrate, Benazepril, Terazosin, Simvastatin, medication for high cholesterol, and uses topical analgesics. The patient has had X-rays and MRI studies of the cervical spine, thoracic spine, lumbosacral spine, right and left knees, and right and left wrist/hand and upper and lower extremity NCV tests Diagnostic imaging reports were not specified in the records provided. The patient's surgical history includes right knee surgery on 9/25/14. The patient had a left index surgery on September 12, 2011, left hand surgery in 2011. The patient has received an unspecified number of PT, acupuncture and trigger point impedance imaging visits and shock wave therapy for this

injury. He has completed his six sessions of physical therapy. The patient has used lumbar spine brace.

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: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines, Fitness for Duty

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: MTUS guideline does not specifically address this issue. 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." As per records provided he has had FCE on 6/5/14 that revealed his PDL was light Rationale for repeating FCE was not specified in the records provided Any significant changes in objective physical examination findings since the last FCE that would require a repeat FCE study were not specified in the records provided. 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." He has completed his six sessions of physical therapy a trial and response to complete course of conservative therapy including PT visits was not specified in the records provided. Response to conservative therapy including PT was not specified in the records provided. The medical necessity of the request for Functional Capacity Evaluation is not fully established for this patient.

Neurospine Consultation: Overturned

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 305.

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, IME and consultations.

Decision rationale: Per the cited guidelines, "The occupational health practitioner may refer to other specialists if a diagnosis is uncertain or extremely complex, when psychosocial factors are present, or when the plan or course of care may benefit from additional expertise." The current diagnoses include thoracic spine disc protrusion, lumbar spine musculoligamentous strain, disk protrusion, bilateral wrist/hand sprain/strain, bilateral knee meniscus tear and bilateral feet/heel sprain strain Per the doctor's note dated 10/29/14, patient has complaints of upper back and lower back pain rated 6/10, bilateral hand pain rated 7/10 on the right and 6/10 on the left, left second finger pain rated 5/10, bilateral knee pain rated 7/10 on the right and 5/10 on the left, bilateral foot pain rated 6/10 on the right and 5/10 on left, and bilateral heel pain rated 6/10 Physical examination of the revealed tenderness and spasm over the bilateral paraspinals and quad limb muscles, range of motion decreased in all planes, extension/rotation test of facets was positive bilaterally, mild/slight swelling over the right knee The medication lists include Narcosoft, cyclobenzaprine, naproxen, hydrocodone 325 mg, Omeprazole, Tylenol #3. The patient's surgical history includes right knee surgery on 9/25/14 the patient had a left index surgery on September 12, 2011, left hand surgery in 2011. The patient is taking controlled substances like Hydrocodone 325 mg, and Tylenol #3. This is a complex case. A Neurospine Consultation is deemed medically appropriate and necessary.

Cyclobenzaprine 5mg #90: Overturned

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Muscle Relaxants for Pain.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Cyclobenzaprine (Flexeril) Page(s): 41 and 42.

Decision rationale: According to CA MTUS guidelines cited below, "Recommended as an option, using a short course of therapy. Cyclobenzaprine (Flexeril) is more effective than placebo in the management of back pain." In addition for the use of skeletal muscle relaxant CA MTUS guidelines cited below "Recommend non-sedating muscle relaxants with caution as a second-line option for short-term treatment of acute exacerbations in patients." The current diagnoses include thoracic spine disc protrusion, lumbar spine musculoligamentous strain, and disk protrusion. Per the doctor's note dated 10/29/14, patient has complaints of upper back and lower back pain rated 6/10 Physical examination of the revealed tenderness and spasm over the bilateral paraspinals and quad limb muscles, range of motion decreased in all planes, extension/rotation test of facets was positive bilaterally, mild/slight swelling over the right knee. The patient has evidence of muscle spasms. The patient has significant abnormal objective musculoskeletal exam findings. The patient's condition is prone to intermittent exacerbations. A small dose of a non-addicting muscle relaxant like Flexeril 5mg is medically appropriate and necessary for intermittent exacerbations in this patient. Therefore the request for Cyclobenzaprine 5mg #90 is medically necessary and appropriate.