

Case Number:	CM15-0114620		
Date Assigned:	06/22/2015	Date of Injury:	01/07/2015
Decision Date:	08/26/2015	UR Denial Date:	06/05/2015
Priority:	Standard	Application Received:	06/15/2015

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: California

Certification(s)/Specialty: Physical Medicine & Rehabilitation

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 24-year-old male, who sustained an industrial injury on 1/7/15. The injured worker was diagnosed as having cervical sprain/strain, thoracic sprain/strain, and lumbar sprain/strain. Treatment to date was not discussed in the submitted medical records. Currently, the injured worker complains of cervical spine pain with limited range of motion and lumbar spine pain. The treating physician requested authorization for an initial functional capacity evaluation, function improvement measurement, NIOSH testing (every 30 days) while undergoing treatment, and an internal medicine consult.

IMR ISSUES, DECISIONS AND RATIONALES

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

Initial Functional Capacity evaluation: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Functional capacity evaluations (FCEs).

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation ACOEM Guidelines, Chapter 7, page 137-139.

Decision rationale: The patient complains of constant moderate to severe neck pain, constant moderate upper mid-back pain, lower back pain, and frequent dizziness, as per doctor's first report of occupational injury dated 05/28/15. The request is for INITIAL FUNCTIONAL CAPACITY EVALUATION. The RFA for this case is dated 05/28/15, and the patient's date of injury is 01/07/15. Diagnoses, as per occupational report dated 05/28/15, included cervical spine sprain/strain, thoracic sprain/strain, and dizziness. The patient is off work, as per the same progress report. MTUS does not discuss functional capacity evaluations. ACOEM chapter 7, page 137-139 states that the "examiner is responsible for determining whether the impairment results in functional limitations... The employer or claim administrator may request functional ability evaluations... may be ordered by the treating or evaluating physician, if the physician feels the information from such testing is crucial." ACOEM further states, "There is little scientific evidence confirming that FCE's predict an individual's actual capacity to perform in the workplace." In this case, only the doctor's first report of occupational injury dated 05/28/15 is available for review. The treater is requesting for functional capacity evaluation as "it is crucial to determine the functional ability of the patient and if he or she is able to return to work, or return to work with restrictions." ACOEM, however, states, "there is little scientific evidence confirming that FCE's predict an individual's actual capacity to perform in the workplace." Additionally, there is no request from the employer or claims administrator, and the treater does not discuss the purpose of this request. Routine FCE's are not recommended, as they do not necessarily predict a patient's ability to work. Hence, the request IS NOT medically necessary.

Functional improvement measurement: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Functional improvement measures. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain Chapter under Functional Improvement Measures.

Decision rationale: The patient complains of constant moderate to severe neck pain, constant moderate upper mid-back pain, upper mid-back, and lower back pain, and frequent dizziness, as per doctor's first report of occupational injury dated 05/28/15. The request is for FUNCTIONAL MEASUREMENT IMPROVEMENT. The RFA for this case is dated 05/28/15, and the patient's date of injury is 01/07/15. Diagnoses, as per occupational report dated 05/28/15, included cervical spine sprain/strain, thoracic sprain/strain, and dizziness. The patient is off work, as per the same progress report. MTUS guidelines page 48 does discuss functional improvement measures where physical impairments such as "joint ROM, muscle flexibility, strength or endurance deficits" include objective measures of clinical exam findings. It states, "ROM should be documented in degrees." ODG-TWC, Pain Chapter under Functional Improvement Measures states that it is recommended. The importance of an assessment is to have a measure that can be used repeatedly over the course of treatment to demonstrate improvement of function, or maintenance of function that would otherwise deteriorate. The following category should be included in this assessment including work function and/or activities of daily living, physical impairments, approach to self-care and education. In this case, only the doctor's first report of occupational injury dated 05/28/15 is available for review

and it does not discuss functional improvement measurement. As per the report, the patient has painful and limited range of motion in the cervical and lumbar spine. He may, therefore, benefit from functional improvement measurement. However, the treater does not document ROM in degrees nor does the treater discuss muscle flexibility, strength or endurance deficits, as required by MTUS. Given the lack of adequate documentation, the request IS NOT medically necessary.

NIOSH testing (every 30 days) while undergoing treatment: Upheld

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

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Center for Disease Control and Prevention (CDC) at www.cdc.gov/niosh/docs/2003-154/.

Decision rationale: The patient complains of constant moderate to severe neck pain, constant moderate upper mid-back pain, upper mid-back, and lower back pain, and frequent dizziness, as per doctor's first report of occupational injury dated 05/28/15. The request is for NIOSH TESTING (EVERY 30 DAYS) WHILE UNDERGOING TREATMENT. The RFA for this case is dated 05/28/15, and the patient's date of injury is 01/07/15. Diagnoses, as per occupational report dated 05/28/15, included cervical spine sprain/strain, thoracic sprain/strain, and dizziness. The patient is off work, as per the same progress report. As per Center for Disease Control and Prevention (CDC) at www.cdc.gov/niosh/docs/2003-154/ "NMAM is a collection of methods for sampling and analysis of contaminants in workplace air, and in the blood and urine of workers who are occupationally exposed. These methods have been developed or adapted by NIOSH or its partners and have been evaluated according to established experimental protocols and performance criteria. NMAM also includes chapters on quality assurance, sampling, portable instrumentation, etc." In this case, only the doctor's first report of occupational injury dated 05/28/15 is available for review and it does not discuss NIOSH testing. MTUS, ACOEM and ODG guidelines also do not discuss this procedure. The report fails to indicate why the patient needs this specialized testing and why it cannot be a part of a normal follow-up evaluation. MTUS page 8 require that the treating physician provide monitoring and make appropriate recommendations. Providing functional measures should be part of a routine evaluation provided by the treating physician. Hence, the request IS NOT medically necessary as a separate service.

Internal medicine consult: Overturned

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation ACOEM Occupational Medicine Practice Guidelines, 2nd edition, 2004, Chapter 7, page 127 regarding Independent Medical Examinations and Consultations.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation ACOEM Guidelines, Chapter 7, page 137-139.

Decision rationale: The patient complains of constant moderate to severe neck pain, constant moderate upper mid-back pain, upper mid-back, and lower back pain, and frequent dizziness, as per doctor's first report of occupational injury dated 05/28/15. The request is for INTERNAL MEDICINE CONSULT. The RFA for this case is dated 05/28/15, and the patient's date of injury is 01/07/15. Diagnoses, as per occupational report dated 05/28/15, included cervical spine sprain/strain, thoracic sprain/strain, and dizziness. The patient is off work, as per the same progress report. ACOEM Practice Guidelines, 2nd Edition (2004), page 127 has the following: "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." In this case, only the doctor's first report of occupational injury dated 05/28/15 is available for review. As per the report, the treater is requesting for internal medicine request for medication management. The Utilization Review has denied the request due to lack of "documentation indicating medical necessity." Nonetheless, given the patient's severe pain, this consult appears reasonable and IS medically necessary.