

Case Number:	CM15-0115621		
Date Assigned:	07/23/2015	Date of Injury:	03/22/1994
Decision Date:	08/19/2015	UR Denial Date:	05/27/2015
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: 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 male, who sustained an industrial injury on 3/22/1994. The mechanism of injury was not noted. The injured worker was diagnosed as having failed neck syndrome and low back pain. Treatment to date has included right shoulder surgery and cervical fusion. Currently, the injured worker complains of neck pain, bilateral upper extremity radicular pain, dysphagia, constant low back pain, and right lower extremity sciatica. He continued to experience right shoulder pain, following his right shoulder surgery more than 15 years ago, without any improvement. His physical exam remained unchanged and it was documented that it had been 3 years since he was approved for any treatment for his back or neck. The treatment plan included cervical and lumbar functional capacity testing, to evaluate current function, prior to the start of any treatment. His work status was not documented.

IMR ISSUES, DECISIONS AND RATIONALES

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

Cervical functional capacity testing: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation ACOEM, Independent Medical Examinations and Consultations, Chapter 7, pages 137-138.

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 12, p50.

Decision rationale: The claimant has a remote history of a work-related injury and is being treated for chronic radiating neck and radiating low back pain and right shoulder pain. When seen, he had not had treatment for three years. There was decreased and painful spinal range of motion. Right shoulder range of motion was decreased and painful. Right straight leg raising was positive. A functional capacity evaluation and additional therapy was requested. A Functional Capacity Evaluation is an option for a patient with chronic stable pain when a physician thinks the information might be helpful to attempt to objectify worker capability with respect to either a specific job or general job requirements. In this case, the claimant is being referred for additional therapy and is not at maximum medical improvement. There is no return to work plan at present. Separate evaluations for the cervical spine and lumbar spine are part of the request and a functional capacity evaluation would be an assessment of overall function rather than that of a particular body part or region. The requested functional capacity evaluation is not considered medically necessary.

Lumbar functional capacity testing: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation ACOEM, Independent Medical Examinations and Consultations, Chapter 7, pages 137-138.

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 12, p50.

Decision rationale: The claimant has a remote history of a work-related injury and is being treated for chronic radiating neck and radiating low back pain and right shoulder pain. When seen, he had not had treatment for three years. There was decreased and painful spinal range of motion. Right shoulder range of motion was decreased and painful. Right straight leg raising was positive. A functional capacity evaluation and additional therapy was requested. A Functional Capacity Evaluation is an option for a patient with chronic stable pain when a physician thinks the information might be helpful to attempt to objectify worker capability with respect to either a specific job or general job requirements. In this case, the claimant is being referred for additional therapy and is not at maximum medical improvement. There is no return to work plan at present. Separate evaluations for the cervical spine and lumbar spine are part of the request and a functional capacity evaluation would be an assessment of overall function rather than that of a particular body part or region. The requested functional capacity evaluation is not considered medically necessary.