

Case Number:	CM15-0116130		
Date Assigned:	06/24/2015	Date of Injury:	05/23/2014
Decision Date:	07/23/2015	UR Denial Date:	06/09/2015
Priority:	Standard	Application Received:	06/16/2015

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: Texas, Florida, California

Certification(s)/Specialty: Preventive Medicine, Occupational Medicine

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 43 year old female who sustained a work related injury May 23, 2014. While working as a server, she slipped and fell on a menu, with injury to her neck, upper back and shoulder. She was treated with medication, physical therapy, and chiropractic sessions. An MRI of the cervical spine, dated April 29, 2015 (report present in the medical record), revealed multi-level loss of disc space height C4-C5 and C5-C6, C4-C5 has a central and right sided disc protrusion, right foraminal stenosis and left foraminal reduction, C5-C6 greater than 3 mm disc protrusion, left foraminal stenosis and right foraminal reduction. An MRI of the cervical spine with flexion and extension, dated April 24, 2015, report is present in the medical record. An MRI of the thoracic spine, dated April 24, 2015 (report present in the medical record), revealed disc desiccation T7-T8, Modic type II end plate degenerative changes at endplates of T7-T8. According to a primary treating physician's evaluation dated May 8, 2015, the injured worker presented with complaints of constant, moderate neck pain rated, 5/10, radiating to both the right and left arm. She reports constant and moderate pain and stiffness to the upper/mid back, rated 7/10, radiating to the lower back. Diagnoses are cervical myospasm; cervical radiculopathy; cervical sprain/strain; rule out thoracic disc protrusion; thoracic sprain/strain. Treatment plan included review of MRI's performed referral for acupuncture, pain management consult and physical therapy. At issue, is the request for authorization for a functional capacity evaluation.

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 American College of Occupational and Environmental Medicine, Chapter 7, Page 138; Official Disability Guidelines, Functional Capacity Evaluations.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 48.

Decision rationale: The injured worker is a 43 year old female who sustained a work related injury May 23, 2014. While working as a server, she slipped and fell on a menu, with injury to her neck, upper back and shoulder. As of May 8, 2015, the injured worker had constant, moderate neck pain radiating to both the right and left arm. She reports constant and moderate pain and stiffness to the upper/mid back, rated 7/10, radiating to the lower back. Chronic Pain Medical Treatment guidelines, page 48 note that a functional capacity evaluation (FCE) should be considered when necessary to translate medical impairment into functional limitations and determine return to work capacity. There is no evidence that this is the plan in this case. The MTUS also notes that such studies can be done to further assess current work capability. But, 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. Little is known about the reliability and validity of these tests and more research is needed. The ODG notes that several criteria be met. I did in this case find prior unsuccessful return to work attempts, or the case's relation to being near a Maximal Medical Improvement declaration. Initial or baseline FCEs are not mentioned, as the guides only speak of them as being appropriate at the end of care. The claimant did not appear to be at the end of care, as other treatment was a referral for acupuncture, pain management consult and physical therapy. The case did not meet this timing criterion. For these reasons, this request is not medically necessary.