

<b>Case Number:</b>	CM15-0125585		
<b>Date Assigned:</b>	07/10/2015	<b>Date of Injury:</b>	07/24/2014
<b>Decision Date:</b>	08/18/2015	<b>UR Denial Date:</b>	06/16/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	06/29/2015

### 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: 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 57 year old female who sustained an industrial injury on 07/24/14. Initial complaints and diagnoses are not available. Treatments to date include medications. Diagnostic studies are not addressed. Current complaints include neck, thoracic and lumbar pain, as well as left foot pain, chronic pain, depression, and anxiety. Current diagnoses include cervical and thoracic myospasm, rule out cervical and thoracic disc protrusion, lumbar radiculitis, plantar fasciitis, anxiety, and depression. In a progress note dated 06/09/15 the treating provider reports the plan of care as physical therapy, acupuncture. The requested treatments include physical therapy, a sleep study consultation, a Functional Capacity Evaluation, and Capsaicin patches.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Physical therapy 2 times a week for 3 weeks for the cervical, lumbar and thoracic spine:**  
Upheld

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Physical Medicine Section Page(s): 98, 99.

**Decision rationale:** The MTUS Guidelines recommend physical therapy focused on active therapy to restore flexibility, strength, endurance, function, range of motion and alleviate discomfort. The MTUS Guidelines support physical therapy that is providing a documented benefit. Physical therapy should be provided at a decreasing frequency (from up to 3 visits per week to 1 or less) as the guided therapy becomes replaced by a self-directed home exercise program. The physical medicine guidelines recommend myalgia and myositis, unspecified, receive 9-10 visits over 8 weeks. In this case, the injured worker was authorized 6 sessions of physical therapy on 04/06/15. There is no evidence of significant pain relief or increase in function after these visits. The request for physical therapy 2 times a week for 3 weeks for the cervical, lumbar and thoracic spine is determined to not be medically necessary.

**Sleep study consultation:** 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), Pain Chapter - Polysomnography.

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain Chapter/Polysomnography Section.

**Decision rationale:** The MTUS Guidelines do not address the use of sleep evaluation. The ODG recommends the use of polysomnogram after at least six months of an insomnia complaint (at least four nights a week), unresponsive to behavior intervention and sedative/sleep-promoting medications, and after psychiatric etiology has been excluded. Other indications include excessive daytime somnolence, cataplexy, morning headache (other causes have been ruled out), intellectual deterioration, personality change, sleep-related breathing disorder or periodic limb movement disorder is suspected. There is no indication that behavior intervention and sedative/sleep-promoting medications have been utilized, and that psychiatric etiology has been excluded. The request for sleep study consultation is determined to not be medically necessary.

**Functional capacity evaluation:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation ACOEM, Chapter 7: Independent Medical Examinations and Consultations, pages 137-138; ODG, Fitness for Duty Chapter - Functional Capacity Evaluation.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Work Conditioning, Work Hardening Section Page(s): 125, 126. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Fitness for Duty Chapter/Functional Capacity Evaluation (FCE) Section.

**Decision rationale:** The MTUS Guidelines state that a functional capacity evaluation (FCE) may be required for admission to a work hardening program, but do not provide specific recommendations regarding the FCE alone. The ODG provides criteria for when a functional capacity evaluation may be utilized. These criteria include repeated difficulty with returning to work, or when the injured worker is at or near reaching maximum medical improvement. Neither of these criteria are met for the injured worker to justify a functional capacity evaluation. Although there are other criteria that may warrant the use of a functional capacity evaluation, the injured worker's diagnoses and status do not apply to these criteria. The request for functional capacity evaluation is determined to not be medically necessary.

**Capsaicin patch:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Topical Analgesics. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Pain Chapter - Salicylate topicals.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Capsaicin Topical Section, Topical Analgesics Section Page(s): 28, 29, 111-113.

**Decision rationale:** The MTUS Guidelines recommend the use of topical analgesics as an option for the treatment of chronic pain, however, any compounded product that contains at least one drug or drug class that is not recommended is not recommended. The MTUS Guidelines recommend the use of topical capsaicin only as an option in patients who have not responded or are intolerant to other treatments. There have been no studies of a 0.0375% formulation of capsaicin and there is no current indications that this increase over a 0.025% formulation would provide any further efficacy. Since capsaicin 0.0375% is not recommended by the MTUS Guidelines, the request for Capsaicin patch is determined to not be medically necessary.