

Case Number:	CM15-0178646		
Date Assigned:	09/18/2015	Date of Injury:	10/23/2008
Decision Date:	10/22/2015	UR Denial Date:	08/12/2015
Priority:	Standard	Application Received:	09/10/2015

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 59-year-old male, who sustained an industrial injury on October 23, 2008, incurring neck, low back and leg injuries. He was diagnosed with cervical disc disease, cervicgia, cervical arthropathy, cervical radiculopathy, lumbago, thoracic neuritis, lumbar radiculopathy, and lumbar degenerative disc disease, bilateral shoulder sprain and bilateral shoulder tendinosis. Treatment included pain medications, muscle relaxants, epidural steroid injection, physical therapy and home exercise program, topical analgesic ointment, and activity restrictions. Currently, the injured worker complained of cervical pain radiculopathy into his bilateral upper extremities and increased right shoulder pain with limited range of motion and rated his pain 7 out of 10 on a pain scale of 1 to 10. He noted increased headaches secondary to the cervical neuralgia. He complained of persistent low back pain radiating into the bilateral lower extremities. The pain was exacerbated by increased activity, movement, prolonged sitting, standing and walking. His pain was made better with medications and rest. Epidural steroid injection helped improve the injured worker's cervical and lumbar pain. The injured worker complained of ongoing bilateral knee pain interfering with mobility. The treatment plan that was requested for authorization on August 11, 2015, included FCE (functional capacity evaluation) for the cervical spine. On August 11, 2015, a request for FCE was denied by utilization review.

IMR ISSUES, DECISIONS AND RATIONALES

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

FCE (functional capacity evaluation) for cervical spine: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009. Decision based on Non-MTUS Citation Official Disability Guidelines, Fitness for Duty Chapter, Functional Capacity Evaluation.

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, p63-64.

Decision rationale: The claimant sustained a cumulative trauma work injury while working as a maintenance technician with date of injury in October 2008 and is being treated for neck, back, and bilateral shoulder pain with upper extremity and lower extremity symptoms and secondary depression and anxiety. When seen, physical examination findings included decreased cervical spine range of motion with cervical and trapezius muscle spasms and positive compression testing. There was thoracic and lumbar tenderness with decreased range of motion and muscle spasms and positive straight leg raising. There was decreased shoulder range of motion with tenderness and positive impingement testing. Authorization for 12 physical therapy treatments for the cervical and lumbar spine and a functional capacity evaluation are being requested. Temporary total disability is being continued. A Functional Capacity Evaluation is an option for select patients with chronic 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, there is no return to work plan. The claimant has been referred for additional physical therapy treatments. He is not considered at maximum medical improvement. A Functional Capacity Evaluation at this time is not medically necessary.