

Case Number:	CM15-0179960		
Date Assigned:	09/21/2015	Date of Injury:	12/10/2014
Decision Date:	11/03/2015	UR Denial Date:	09/03/2015
Priority:	Standard	Application Received:	09/14/2015

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:

This is a 64 year old male with a date of injury of December 10, 2014. A review of the medical records indicates that the injured worker is undergoing treatment for post-concussive syndrome with headache and dizziness, cervical sprain and strain, cervical myofascitis, cervical disc protrusion, thoracic sprain and strain, thoracic myofascitis, lumbosacral sprain and strain, lumbar muscle spasm, lumbar disc protrusion, left shoulder sprain and strain, left shoulder impingement syndrome, and left shoulder adhesive tendonitis. Medical records dated July 22, 2015 indicate that the injured worker complains of occasional headache rated at a level of 4 to 5 out of 10 that radiates to the neck, constant neck pain rated at a level of 8 out of 10 with stiffness, constant upper and mid back pain rated at a level of 8 out of 10, constant lower back pain rated at a level of 8 out of 10 with radiation to the left leg with cramping, and constant left shoulder pain rated at a level of 8 out of 10 with radiation to the arm. A progress note dated August 25, 2015 notes subjective complaints of intermittent headache rated at a level of 6 out of 10, constant neck pain rated at a level of 8 out of 10 radiating to the left arm, constant upper and mid back pain rated at a level of 7 out of 10 radiating to the low back, constant lower back pain rated at a level of 8 out of 10 with radiation to the left leg with cramping, and constant left shoulder pain rated at a level of 8 out of 10 with radiation to the arm. Per the treating physician (August 25, 2015), the employee has not returned to work. The physical exam dated July 22, 2015 reveals decreased sensation in the right upper extremity, decreased and painful cervical range of motion, tenderness to palpation and spasm of the cervical paravertebral muscles, pain with cervical compression, bilateral pain with shoulder depression, decreased and painful thoracic range of

motion, tenderness to palpation and spasm of the thoracic paravertebral muscles, decreased and painful lumbar range of motion, tenderness to palpation and muscle spasm of the lumbar paravertebral muscles, bilateral pain with Kemp's, bilateral pain with sitting straight leg raise, decreased and painful left shoulder range of motion, tenderness to palpation of the anterior shoulder, lateral shoulder, and glenohumeral joint, and pain with Neer's and Hawkins. The progress note dated August 25, 2015 documented a physical examination that showed no changes since the examination documented on July 22, 2015. Treatment has included physical therapy, twelve sessions of aqua therapy, and medications (Norco, Flexeril, and Naproxen as of July of 2015). The original utilization review (September 3, 2015) non-certified a request for referral for pain management and functional capacity evaluation.

IMR ISSUES, DECISIONS AND RATIONALES

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

Refer to ██████ for pain management and functional capacity evaluation: Upheld

Claims Administrator guideline: Decision based on MTUS Neck and Upper Back Complaints 2004, and Low Back Complaints 2004. Decision based on Non-MTUS Citation ACOEM Chapter 7 Independent Medical Examinations and Consultations page 127 and Official Disability Guidelines Neck and Upper back (Acute and Chronic).

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation ACOEM guidelines, Chapter 7, Independent Medical Examinations and Consultations Chapter, page 127 ACOEM guidelines, Chapter 7, p137-139.

Decision rationale: Based on the 8/18/15 progress report provided by the treating physician, this patient presents with cervical spine pain and lumbar spine pain radiating to the left arm rated 8/10 on VAS scale. The treater has asked for refer to ██████ for pain management and functional capacity evaluation on 8/25/15. The request for authorization was not included in provided reports. The patient is s/p 6 chiropractic treatments with unspecified benefit, as well as work restrictions per 7/28/15 report. The patient is s/p unspecified sessions of aquatic therapy with unspecified benefit per 8/18/15 report. The patient is currently taking Naproxen, Prilosec, Flexeril, and Methoderm cream per 7/28/15 report. The patient does not have a history of cervical or lumbar surgeries per review of reports. The patient's work status is "remain off work until 10/9/15" per 8/25/15 report. American College of Occupational and Environmental Medicine (ACOEM), 2nd Edition, (2004) ACOEM guidelines, Chapter 7, Independent Medical Examinations and Consultations Chapter, page 127 state that 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. A referral may be for consultation to aid in the diagnosis, prognosis, therapeutic management, determination of medical stability, and permanent residual loss and/or the examinee's fitness for return to work. MTUS/ACOEM guidelines, Chapter 7, p137-139 has the following regarding functional capacity evaluations "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." The treater does not discuss this request in the reports provided. In this case, the request is for a functional capacity evaluation in combination with a referral for pain management. While the consultation for pain management may be indicated, the request for the Functional Capacity Evaluation is not from the employer or claims administrator. ACOEM and ODG do not support functional capacity evaluations solely to determine impairment/disability level, unless the information obtained is crucial or requested by the adjuster/employer. Furthermore, routine Functional Capacity Evaluation is not supported by ACOEM. Therefore, the combined request IS NOT medically necessary.