MAXIMUS Federal Services

Case Number:	CM15-0040927		
Date Assigned:	03/11/2015	Date of Injury:	12/02/2013
Decision Date:	05/27/2015	UR Denial Date:	02/02/2015
Priority:	Standard	Application Received:	03/04/2015

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, California
Certification(s)/Specialty: Family Practice

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 49 year old male, who sustained an industrial injury on 12/02/2013. The initial complaints or symptoms included neck pain. The initial diagnoses were not mentioned in the clinical notes. Treatment to date has included conservative care, medications, conservative therapies, x-rays, MRIs, CT scans, electrodiagnostic testing. Currently, the injured worker complains of pain in the bilateral shoulders with 30% improvement with physical therapy. The diagnoses include lumbar spondylosis without myelopathy, lumbar herniated disc, lumbar spinal stenosis, lumbar degenerative disc disease, lumbago, cervical stenosis, cervical herniated disc, cervical degenerative disc disease, cervicalgia, and rotator cuff syndrome. The treatment plan consisted of pain management follow-up, functional capacity evaluation, and follow-up in 12 weeks. Per the doctor's note dated 12/10/14 patient had complaints of neck pain at 4/10 with radiation in right shoulder and wrist. Physical examination revealed normal gait, tenderness on palpation and limited range of motion of cervical and lumbar region, positive SLR, normal sensation and 4/5 strength. The patient sustained the injury when he was picking up and carrying barrels. The medication list include Norco, Advil and Ketoprofen. The patient has had EMG study on 7/1/14 that revealed S1 radiculopathy; MRI of the low back on 8/25/14 that revealed disc bulge with foraminal narrowing, degenerative changes and facet hypertrophy. Patient has received an unspecified number of PT visits for this injury.

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: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints, Chapter 9 Shoulder Complaints, Chapter 12 Low Back Complaints. Decision based on Non-MTUS Citation ACOEM Guidelines, Chapter 7 Independent Medical Examinations and Consultations, page 132-139.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Chapter: Fitness for Duty (updated 04/27/15) Functional capacity evaluation (FCE).

Decision rationale: Functional capacity evaluation. MTUS guideline does not specifically address this issue. Hence ODG used. Per the ODG guidelines cited below "If a worker is actively participating in determining the suitability of a particular job, the FCE is more likely to be successful. A FCE is not as effective when the referral is less collaborative and more directive. It is important to provide as much detail as possible about the potential job to the assessor. Job specific FCEs are more helpful than general assessments. The report should be accessible to all the return to work participants." Consider an FCE if 1. Case management is hampered by complex issues such as: "Prior unsuccessful RTW attempts." Conflicting medical reporting on precautions and/or fitness for modified job. Injuries that require detailed exploration of a worker's abilities. 2. Timing is appropriate: "Close or at MMI/all key medical reports secured." Additional/secondary conditions clarified. Do not proceed with an FCE if: The sole purpose is to determine a worker's effort or compliance." The worker has returned to work and an ergonomic assessment has not been arranged." Any criteria listed in the guidelines that would require a FCE was not specified in the records provided. Any complex issues that hampered case management or prior unsuccessful RTW attempts are not specified in the records provided. Any evidence of conflicting medical reporting on precautions and/or fitness for modified job or any injuries that require detailed exploration of a worker's abilities are not specified in the records provided. The guidelines state, "Do not proceed with an FCE if: The sole purpose is to determine a worker's effort or compliance." Patient has received an unspecified number of PT visits for this injury. The records submitted contain no accompanying current PT evaluation for this patient. Response to conservative therapy including PT was not specified in the records provided. The request for Functional capacity evaluation is not fully established for this patient. Therefore the request is not medically necessary.

Follow up office visit with [redacted] in 12 weeks: Overturned

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints, Chapter 9 Shoulder Complaints, Chapter 12 Low Back Complaints.

MAXIMUS guideline: Decision based on MTUS ACOEM.

Decision rationale: Follow up office visit with [redacted] in 12 weeksMTUS Guidelines, American College of Occupational and Environmental Medicine (ACOEM), 2nd

Edition, (2004), Chapter 7, IME and consultations. Per the cited guidelines, "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."Injury on 12/02/2013. The diagnoses include lumbar spondylosis without myelopathy, lumbar herniated disc, lumbar spinal stenosis, lumbar degenerative disc disease, lumbago, cervical stenosis, cervical herniated disc, cervical degenerative disc disease, cervicalgia, and rotator cuff syndrome. Per the doctor's note dated 12/10/14 patient had complaints of neck pain at 4/10 with radiation in right shoulder and wrist. Physical examination revealed tenderness on palpation and limited range of motion of cervical and lumbar region, positive SLR, and 4/5 strength. The patient has had EMG study on 7/1/14 that revealed S1 radiculopathy; MRI of the low back on 8/25/14 that revealed disc bulge with foraminal narrowing, degenerative changes and facet hypertrophy. This is a complex case. A Follow up office visit with [redacted] in 12 weeks is deemed medically appropriate and necessary.