

Case Number:	CM15-0070333		
Date Assigned:	04/17/2015	Date of Injury:	03/31/2013
Decision Date:	06/05/2015	UR Denial Date:	03/26/2015
Priority:	Standard	Application Received:	04/13/2015

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: Maryland

Certification(s)/Specialty: Physical Medicine & Rehabilitation, Neuromuscular 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 52 year old male, who sustained an industrial injury on March 31, 2013. The injured worker was diagnosed as having lumbar sprain/strain with IVD, cephalgia, eye irritation, exposure to chemicals, and radiculitis. Treatment to date has included x-rays, MRIs, acupuncture, home exercise program (HEP), extracorporeal shockwave therapy, and medication. Currently, the injured worker complains of frequent moderate neck aches, constant moderate low back aches, constant moderate eye dryness and burning, and an increase in tension, depression, frustration, sleeplessness, and anxiety. The Primary Treating Physician's report dated March 10, 2015, noted the injured worker reported experiencing an exacerbation over the lumbar spine over the previous few days. Physical examination was noted to show cervical spine with painful range of motion (ROM) and tenderness to palpation over the upper trapezius, rhomboids, and levator scapulae bilaterally, with positive foraminal compression and Jackson compression bilaterally. Continued redness over the sclera and discoloration over the right eye was noted, with the symptoms and the intensity of the symptoms diminishing. The lumbar spine was noted to have pain in all planes, with positive Kemps, Elys, iliac compression bilaterally, and Bechtrews on the right. Tenderness to palpation was noted over the quadratus lumborum, erector spinae, latissimus dorsi, SI joints bilaterally, gluteus, and biceps femoris on the right. The treatment plan was noted to include continued home stretching and exercise program, and was provided Synovacin and Dendracin for topical use and joint health. The Physician's request for authorization dated March 17, 2015, requested a functional improvement measures using NIOSH testing every 30 days per the MTUS page 48 of 127.

IMR ISSUES, DECISIONS AND RATIONALES

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

Functional improvement measures using NIOSH testing / every 30 days while undergoing treatment: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 5 Cornerstones of Disability Prevention and Management Page(s): 81. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), FCE.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Functional improvement measures Page(s): 48. Decision based on Non-MTUS Citation <http://www.cdc.gov/niosh/>.

Decision rationale: Functional improvement measures using NIOSH testing / every 30 days while undergoing treatment is not medically necessary per the MTUS Chronic Pain Medical Treatment Guidelines and an online review of the CDC/NIOSH website. The CDC/NIOSH website does not offer specific guidelines for functional testing. The MTUS states that functional improvement measures are recommended to have measures that can be used repeatedly over the course of treatment to demonstrate improvement of function, or maintenance of function that would otherwise deteriorate. It should include the following categories: Work Functions and/or Activities of Daily Living, Self Report of Disability (e.g., walking, driving, keyboard or lifting tolerance, Oswestry, pain scales, etc): Objective measures of the patient's functional performance in the clinic are preferred, but this may include self-report of functional tolerance and can document the patient self-assessment of functional status through the use of questionnaires, pain scales, etc (Oswestry, DASH, VAS, etc.). The evaluation should also include physical impairments; objective measures of clinical exam findings; approach to self care, medication, modalities, or medications. Due to the fact that the NIOSH/CDC does not recommended specific guidelines for testing there is no reason that this cannot be done at routine office visits/follow ups and does not require specialized testing Therefore the request for functional improvement measures using NIOSH testing / every 30 days while undergoing treatment is not medically necessary.