

<b>Case Number:</b>	CM15-0090151		
<b>Date Assigned:</b>	05/14/2015	<b>Date of Injury:</b>	09/12/2012
<b>Decision Date:</b>	06/22/2015	<b>UR Denial Date:</b>	04/28/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	05/11/2015

### 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 51 year old male sustained an industrial injury on 9/12/12. He subsequently reported neck and back pain. Diagnoses include sprain of shoulder, neck, lumbar and thoracic regions. Treatments to date include x-ray and MRI testing, modified duty, physical therapy and prescription pain medications. The injured worker continues to experience neck, back and left shoulder pain. Upon examination, the injured worker awake and oriented x3, positive straight leg raise noted bilaterally. A Retrospective request for: 1 Unlisted neurological or neuromuscular diagnostic procedure and narrative report (DOS: 4/2/2013) was made by the treating physician.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Retrospective request: 1 Unlisted neurological or neuromuscular diagnostic procedure and narrative report (DOS:4/2/2013): Upheld**

**Claims Administrator guideline:** The Claims Administrator did not cite any medical evidence for its decision.

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation ACOEM Chapter 7, pages 137-139, Evaluation.

**Decision rationale:** The patient presents with neck pain rated 2/10, low back pain rated 5/10, mid back pain rated 6/10 and left shoulder pain rated 6/10. The request is for 1 Unlisted Neurological or Neuromuscular Diagnostic Procedure and Narrative Report (DOS: 4/2/2013). The request for authorization is not provided. Provided progress reports are handwritten with minimal information. MRI of the lumbar spine, 01/20/13, shows moderate spondylosis, partial disc desiccation and bilateral facet arthropathy. MRI of the thoracic spine, 01/02/13, shows prominent aortic arch measuring about 2.8cm in diameter and partial disc desiccation seen throughout the mid thoracic spine. MRI of the cervical spine, 01/20/13, shows uncovertebral hypertrophy on the left causing minimal narrowing of the left foramen at C6-7 and signal alteration in the C2 segment of the left vertebral artery. Per progress report dated 05/01/13, the patient is to remain off work. MTUS does not discuss functional capacity evaluations. ACOEM Chapter 7, pages 137-139 states that 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." Per addendum dated 04/02/13, provider's reason for the request is "The test was necessary to establish the level of functional capabilities to objectively chart the patient's capacity before he/she enters our program and re-testing to ensure that proper progress is being made or to determine functional improvement." The patient was given the JTech Medical Evaluation System for overall strength measurements using the NIOSH standards for manual lifting. In this case, the patient has undergone conservative treatments in the form of pain medications and physical therapy, but continues to have pain. A Functional Capacity Evaluation (FCE) was already performed on 02/08/13, however, provided progress reports do not mention a request from the employer or claims administrator for this additional evaluation. Routine functional evaluation is not supported by ACOEM. The provider's evaluation of the patient's function is as good as those measured in functional capacity. There is no evidence that the JTech Medical Evaluation system is needed or supported by the guidelines. Therefore, the request is not medically necessary.