MAXIMUS Federal Services

Case Number:	CM13-0001021		
Date Assigned:	02/26/2014	Date of Injury:	10/23/2012
Decision Date:	09/08/2014	UR Denial Date:	07/01/2013
Priority:	Standard	Application Received:	07/08/2013

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. The expert reviewer is Board Certified in Internal Medicine and is licensed to practice in California. 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/services. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

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 claimant is a 40-year-old male who was being seen for a low back pain. The date of injury was October 23, 2012. The mechanism of injury was fall while shoveling following which he developed right-sided low back pain. He had no significant past medical history and was not taking any medications. The injured worker was evaluated on October 25 and was diagnosed with right low back pain and buttock contusion. He was given over-the-counter Aleve for pain and was advised to return to full duty. He was again seen on November 19, 2012 for ongoing low back pain, mid back pain, upper back pain, right leg pain in right buttock numbness. He was found to be ambulating without difficulty and the examination otherwise was unremarkable. The injured worker was referred for 9 sessions of chiropractic therapy and was placed back on full duties. A prescription for ThermaCare patches was prescribed to the claimant. The injured worker was again seen in December and was advised to continue on physical therapy. In January his care was switched over to a Pain management physician because of ongoing symptoms despite physical therapy. The injured worker was evaluated by the pain management physician and was recommended to have EMG, Neurology consult and chiropractic therapy for a total of 24 visits. The chiropractic provider recommended a total of 9 visits with which his symptoms improved by 20%. Meanwhile the EMG and nerve conduction studies revealed no evidence of lumbar radiculopathy. The chiropractic provider treated the injured worker as of May 17, 2013. He was reported to have had 24 chiropractic treatments through May 17, 2013. He reported improving symptoms. He was experiencing slight right lower back pain and left lateral gluteal pain while walking. He noted improvement of his right groin, right leg as well as right posterior leg pain he also reported improvement of mid back pain. He reported a 50-60% improvement since starting treatments. On examination he was found to have full cervical and lower back range of motion. Flexion and extension of lower back created slight right-sided lower back pain.

Straight leg raise was positive at 90 degrees with mild lower back pain. Reflex and sensitivity testing of the upper and lower extremities were normal. Muscle strength was adequate in all major muscle groups tested in the lower extremity with mild pain over the lumbar paraspinal musculature. Diagnoses included moderate lumbosacral sprain/strain plus occasional radicular symptoms in the right lower leg and thoracic strain which is resolving. He was not working as the season had not started for his work. However he was expecting to return to work. He was recommended to have weekly treatments for the next 6 weeks. This request was not certified and subsequently a request was sent for functional capacity evaluation and 10 sessions of work conditioning/job program on June 13, 2013. It was noted in the letter that the functional capacity evaluation is being requested to determine his physical demand levels and if he is noted not to be at 100% then 10 sessions of work conditioning/job simulation program will help strengthen his body.

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: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation ACOEM, Chapter 7, page 511Official Disability Guidelines (ODG), Fitness for Duty Chapter, Functional capacity evaluation (FCE).

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 2 General Approach to Initial Assessment and Documentation. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Fitness for Duty chapter, Functional capacity evaluation.

Decision rationale: The ACOEM guidelines indicate that functional capacity evaluations should be considered when necessary to translate medical impairment into functional limitations and to determine work capacity. Consideration may be given for a functional capacity evaluation if the injuries require detailed exploration of the patient's abilities. While the medical records indicate lumbar strain necessitating extensive course of chiropractic and physical therapy sessions, there is a lack of documentation of significant residual impairment. The injured worker was noted to have no limitations on range of motion of lumbar spine and was noted to have improved 50-60%. According to Official Disability Guidelines, FCE should be considered when there is prior unsuccessful return to work attempts, conflicting medical reporting on precautions and/or fitness for modified job and injuries that require detailed exploration of a worker's abilities. The medical records submitted for review do not document prior unsuccessful return to work attempts since his work was seasonal and there was no work available at the time. Initial progress notes from October 2012 to December 2012 indicate that the injured worker was working full time after the injury. The reason for his non-working status during the request was rather unavailability of work. In addition, there was no documentation with conflicting precautions and/or fitness for modified job that would necessitate an FCE. Hence, the request for functional capacity evaluation is not medically necessary and appropriate.

10 SESSIONS OF WORK CONDITIONING/JOB PROGRAM: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Work Conditioning, work hardening Page(s): 125.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Work Conditioning, work hardening Page(s): 125-126.

Decision rationale: The MTUS Chronic Pain Medical Treatment Guidelines indicate that work hardening program should be considered if a trial of physical or occupational therapy with improvement is followed by a plateau with no likely benefit from continued physical therapy or occupational therapy being demonstrated and if there is a defined return to work goal agreed to by the employer and employee. While the medical records indicate lumbar strain necessitating extensive course of chiropractic and physical therapy sessions, there is a lack of documentation of significant residual impairment. The injured worker was noted to have no limitations on range of motion of lumbar spine and was noted to have improved 50-60%. The medical records submitted for review do not document prior unsuccessful return to work attempts since his work was seasonal and there was no work available at the time. Initial progress notes from October 2012 to December 2012 indicate that he was working full time after the injury. The reason for his non working status during the request was rather unavailability of work. The medical records do not indicate a specific need or rationale for work conditioning/work hardening, or indicate a plateau of physical therapy. Hence the request for work hardening/work conditioning is not medically necessary and appropriate.