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| <b>Case Number:</b>   | CM13-0026052 |                              |            |
| <b>Date Assigned:</b> | 12/11/2013   | <b>Date of Injury:</b>       | 09/24/2010 |
| <b>Decision Date:</b> | 02/21/2014   | <b>UR Denial Date:</b>       | 08/26/2013 |
| <b>Priority:</b>      | Standard     | <b>Application Received:</b> | 09/18/2013 |

### HOW THE IMR FINAL DETERMINATION WAS MADE

MAXIMUS Federal Services sent the complete case file to a physician reviewer. He/she has no affiliation with the employer, employee, providers or the claims administrator. The physician reviewer is Board Certified in Physical Medicine & Rehabilitation and is licensed to practice in Illinois. 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 physician 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. 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 patient is a 32-year-old female who reported an injury on 09/24/2010. The injury was noted to have occurred when the patient was walking near a conveyor belt and her right foot got caught on a cable, causing her to fall. The patient's diagnoses are listed as lumbosacral sprain and impingement syndrome of the right shoulder. The patient's symptoms are noted to include low back pain with left sided radiculopathy and right shoulder pain. Her physical examination findings include decreased range of motion in the lumbar spine, decreased motor strength of the right upper extremity in the deltoid, decreased motor strength of the left ankle plantar flexion in the lower extremity, decreased sensation to the bilateral lateral leg and midfoot, and decreased range of motion in the right shoulder.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**MRI of the lumbar spine:** Upheld

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 303-304. Decision based on Non-MTUS Citation ODG, Low Back Chapter

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 303-305. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Low back, MRIs (magnetic resonance imaging).

**Decision rationale:** The clinical information submitted for review includes an orthopedic spine evaluation dated 06/06/2013 which indicates that the patient had a previous MRI of the lumbar spine; however, the study was not provided for review. According to ACOEM Guidelines, for patients with low back pain, imaging studies should be reserved for cases in which surgery is being considered or red flag diagnoses are being evaluated. The clinical information submitted for review does not indicate whether surgery is being considered or whether there were any red flags in need of evaluation. The Official Disability Guidelines specify that repeat MRIs are not routinely recommended, and they should be reserved for a significant change in symptoms or findings suggestive of significant pathology. The clinical information submitted for review failed to indicate whether the patient had significant change in her symptoms and there was no documentation suggesting significant pathology related to her lumbar spine. For these reasons, the request is non-certified.

**Functional Capacity Evaluation:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation ODG, Fitness for Duty Chapter.

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Fitness for duty, Functional capacity evaluation (FCE).

**Decision rationale:** According to the Official Disability Guidelines, Functional Capacity Evaluations are recommended prior to admission to a work hardening program. Other criteria for Functional Capacity Evaluations include: when case management is hampered by complex issues such as prior unsuccessful return to work attempts; conflicting medical reporting on precautions; injuries that require exploration of the worker's abilities; when the timing is appropriate such as when the patient is close to or at maximum medical improvement; or when additional/secondary conditions need to be clarified. Functional Capacity Evaluations are not recommended for the sole purpose of determining a worker's effort or compliance. In his 09/12/2013 letter, the requesting physician indicates that a Functional Capacity Evaluation is required so that it could be determined what the patient's functional capabilities are in order to help facilitate a return to work. As the request for work conditioning is being denied, and the patient does not meet the criteria for a Functional Capacity Evaluation according to the Official Disability Guidelines, the request is not supported

**Work conditioning physical therapy, two times a week for four weeks, for the lumbar spine and left shoulder:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines. Decision based on Non-MTUS Citation ODG Physical Medicine Guidelines - Work Conditioning (page 158).

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 125-126.

**Decision rationale:** According to the California MTUS Guidelines, work conditioning is recommended at 10 visits over 8 weeks. The clinical information submitted for review indicates that this patient has participated in previous physical therapy. However, physical therapy notes were not provided for review. Therefore, it is unknown whether the patient was able to make any objective functional gains in her previous physical therapy. In the absence of this information, a recommendation for work conditioning is not supported.