

Case Number:	CM13-0048262		
Date Assigned:	12/27/2013	Date of Injury:	05/09/2013
Decision Date:	02/25/2014	UR Denial Date:	10/21/2013
Priority:	Standard	Application Received:	11/05/2013

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 and rehabilitation, has a subspecialty in pain management, 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 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.

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 is a 47 year-old male salesman who had gradual onset of low back pain on 5/9/13 from walking on a mountain side for an hour. According to the 9/6/13 PR4 from [REDACTED], the diagnoses are: lumbar muscle strain, spasms and radiculitis, doing better. He was given 0% impairment. The IMR application shows a dispute with the 10/21/13 UR decision which is from [REDACTED], and based on the 10/3/13 chiropractic report, recommended non-certification for a FCE (functional capacity evaluation), a neurostimulator TENS/EMS (transcutaneous electrical nerve stimulation/electrical muscle stimulation) unit, and modification of PT (physical therapy) x12 to allow 6 sessions.

IMR ISSUES, DECISIONS AND RATIONALES

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

A functional capacity evaluation (FCE): Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines. Decision based on Non-MTUS Citation Official Disability Guidelines

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Independent Medical Examinations and Consultations Chapter (ACOEM Practice Guidelines, 2nd Edition (2004), Chapter 7), pages 137 - 138.

Decision rationale: MTUS does not discuss functional capacity evaluations. The Independent Medical Examinations and Consultations Chapter of the ACOEM Practice Guidelines, was not adopted into MTUS, but would be the next highest-ranked standard according to LC4610.5(2)(B). ACOEM does not appear to support the functional capacity evaluations and states: "Functional capacity evaluations may establish physical abilities, and also facilitate the examinee/employer relationship for return to work. However, FCEs can be deliberately simplified evaluations based on multiple assumptions and subjective factors, which are not always apparent to their requesting physician. There is little scientific evidence confirming that FCEs predict an individual's actual capacity to perform in the workplace; an FCE reflects what an individual can do on a single day, at a particular time, under controlled circumstances, that provide an indication of that individual's abilities. As with any behavior, an individual's performance on an FCE is probably influenced by multiple nonmedical factors other than physical impairments. For these reasons, it is problematic to rely solely upon the FCE results for determination of current work capability and restrictions." The functional capacity evaluation does not appear to be in accordance with ACOEM guidelines. The request for a functional capacity evaluation is not medically necessary or appropriate.

A neurostimulator TENS/EMS (transcutaneous electrical nerve stimulation/electrical muscle stimulation): Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines. Decision based on Non-MTUS Citation Official Disability Guidelines

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 114-121.

Decision rationale: The TENS unit was requested on the initial 10/3/13 chiropractic report. The Chronic Pain Medical Treatment Guidelines has specific criteria for use of TENS. The Chronic Pain Medical Treatment Guidelines states: "There is evidence that other appropriate pain modalities have been tried (including medication) and failed"; and, "A one-month trial period of the TENS unit should be documented (as an adjunct to ongoing treatment modalities within a functional restoration approach) with documentation of how often the unit was used, as well as outcomes in terms of pain relief and function; rental would be preferred over purchase during this trial" The chiropractor did not discuss other pain modalities or medications and there has not been a one-month trial. The request is not in accordance with MTUS guidelines. The request for a neurostimulator TENS/EMS unit is not medically necessary or appropriate.

Psychotherapy sessions, twice per week for six weeks: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines. Decision based on Non-MTUS Citation Official Disability Guidelines

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 98-99.

Decision rationale: This patient is not in the ACOEM/post-surgical physical medicine treatment timeframe, so the Chronic Pain Medical Treatment Guidelines, apply. The Chronic Pain Medical Treatment Guidelines, recommends 8-10 PT (physical therapy) sessions for various myalgias and neuralgias. The request for 12 PT sessions will exceed MTUS recommendations. The request for psychotherapy sessions, twice per week for six weeks, is not medically necessary or appropriate.