MAXIMUS Federal Services

Case Number:	CM13-0060571		
Date Assigned:	12/30/2013	Date of Injury:	08/14/2013
Decision Date:	04/14/2014	UR Denial Date:	11/08/2013
Priority:	Standard	Application Received:	12/03/2013

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 Internal Medicine & Emergency Medicine, and is licensed to practice in Florida. 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 patient is a 56-year-old with a date of injury of 08/14/13. A progress report associated with the request for services, dated 10/10/13, identified subjective complaints of moderate left back pain and left hip pain. The pain is worse with motion. Objective findings included spasm and tenderness along the lumbar spine. The L4, L5, and S1 dermatomes had decreased sensation on the right. Reflexes were increased. Motor exam is not listed. Decreased range-of-motion with pain was described in multiple joints. The patient can perform the activities of daily living but has difficulty walking his dog and driving. He has not worked since July of 2013. The diagnoses included lumbar spondylosis without myelopathy; vertebrobasilar syndrome; cervical cranial syndrome; and bursitis of the left hip and shoulder. The treatment has included 2 sessions of physical therapy around March of 2013. Other current treatment is not listed. He is not postoperative. A Utilization Review determination was rendered on 11/08/13 recommending non-certification of "Qualified Functional Capacity Evaluation x1; Work Hardening Program x 10 visits; electrical stimulation to lumbar spine; infrared to lumbar spine; left shoulder theraband (10 reps, 5 sets)".

IMR ISSUES, DECISIONS AND RATIONALES

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

Qualified Functional Capacity Evaluation x1: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG)

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 5 Cornerstones of Disability Prevention and Management Page(s): 81,Chronic Pain Treatment Guidelines Work Conditioning, Work Hardening Page(s): 125. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Fitness for Duty, Functional Capacity Evaluation

Decision rationale: The Medical Treatment Utilization Schedule (MTUS) Guidelines state that a Functional Capacity Evaluation (FCE) may be necessary as part of a work hardening program where functional limitations preclude the ability to safely achieve current job demands that are at a medium to high level (not clerical/sedentary work). The ACOEM states that a clinician should specify what a patient is currently able and unable to do. Often this can be ascertained from the history, from questions about activities, and then extrapolating based on other patients with similar conditions. If unable to do this, then under some circumstances, this can be done through an FCE. The Official Disability Guidelines(ODG) state that an FCE should be considered if a patient has undergone prior unsuccessful return to work attempts. They do note that an FCE is more likely to be successful if the worker is actively participating in determining the suitability of a particular job. They also note that the patient should be close to maximum medical improvement. The following guidelines are for performing an FCE are listed: (1) Case management is hampered by complex issues such as: - Prior unsuccessful return to work attempts. - Conflicting medical reporting on precautions and/or fitness for modified job - Injuries that require detailed exploration of a worker's abilities. (2) Timing is appropriate: - Close or at maximum medical improvement / all key medical reports secured. - Additional / secondary conditions clarified. (3) Do not proceed with an FCE if: - The sole purpose is to determine a worker's effort or compliance. - The worker has returned to work and an ergonomic assessment has not been arranged. In this case, the patient has difficulty beyond the activities of daily living and is not appear to be a candidate for medium to high level job demands. It has been defined what he is and is unable to do. There has been no unsuccessful return to work attempts. The patient does not appear to be close to maximum medical improvement. Therefore, there is no documented medical necessity for a Functional Capacity Examination.

Work Hardening Program x 10 visits: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Section Work Conditioning, Work Hardening Page(s): 125-126. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG)

Decision rationale: The Medical Treatment Utilization Schedule (MTUS) states that work hardening is recommended as an option. The criteria for admission into a program include: - Functional limitations precluding the ability to achieve medium to high level job demands (not clerical / sedentary work). - After treatment with an adequate trial of PT / OT (physical therapy/occupation therapy) with improvement followed by a plateau and not likely to benefit from further therapy. - Not a candidate where surgery or other treatments would clearly be warranted to improve function. - Sufficient recovery to allow participation for a minimum of 4

hours a d ay for three to five days a week. - A defined return to work goal agreed to by the employer and employee. - No more than 2 years past the date of injury. Treatment is not supported beyond 1-2 weeks without evidence of patient compliance. - No re-enrollment after successful completion of a similar program for the same injury. The Official Disability Guidelines (ODG) suggests 10 visits over 8 weeks. In this case, the patient does not meet most of the criteria for admission into a program. The provided record does not document the medical necessity for a work hardening program. Therefore, the request is not certified.

Electrical stimulation to lumbar spine: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Philadelphia Panel. (2001). Philadelphia Panel evidence-based clinical practice guidelines on selected rehabilitation interventions for low back pain. Physical Therapy 81(10), 1641-74

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Electrical Stimulators (E-stim) Page(s): 45.

Decision rationale: The Medical Treatment Utilization Schedule (MTUS) notes that there are multiple different types of electrical stimulation of varying degrees of efficacy. The request was not specific as to type and therefore specific medical necessity cannot be determined.

Infrared to lumbar spine: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG)

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 308. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Low Back, Infrared Therapy (IR)

Decision rationale: The MTUS/ACOEM states that at-home application of local heat is optional. The Official Disability Guidelines (ODG) states that heat therapy is recommended as an option, particularly low-level heat wrap therapy. Infrared (IR) therapy is not recommended over other heat therapies. It may be used in acute low back pain, but only as an adjunct to a program of evidenced-based conservative care (exercise). However, it does further note that IR therapy in patients with chronic low back pain experienced a 50% reduction over 7 weeks. In this case, there is no documentation of any trial of heat therapy. Since IR therapy is not recommended over other heat therapies, there is no medical necessity for this modality without documentation of effectiveness of heat therapy in this patient.

Left shoulder theraband (10 reps, 5 sets): Overturned

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Exercise Page(s): 46-47.

Decision rationale: The Medical Treatment Utilization Schedule (MTUS) recommends exercise for chronic pain conditions. There is no sufficient evidence to support one exercise regimen over another. They note that physical conditioning in chronic pain patients can have immediate and long-term benefits. The original denial stated that there was no indication for any special equipment to perform a home exercise program. Strengthening exercises for the shoulder are recommended. However, this requires some resistance to achieve strengthening. Therefore, in this case, there is documented medical necessity for a Theraband as prescribed.