

<b>Case Number:</b>	CM13-0063600		
<b>Date Assigned:</b>	12/30/2013	<b>Date of Injury:</b>	08/24/2012
<b>Decision Date:</b>	04/25/2014	<b>UR Denial Date:</b>	11/12/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	12/10/2013

### 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 Orthopedic Surgery 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 54-year-old injured worker who sustained a work related accident on August 24, 2012. The clinical records provided for review included the December 17, 2013 reassessment documenting continued cervical, lumbar and abdominal pain. Objectively, there was tenderness to palpation noted over the cervical spine with restricted range of motion and diminished left triceps strength. There was also lumbar spasm with tenderness to palpation and a diminished right Achilles reflex. Diagnosis was disc displacement of the lumbar, cervical and thoracic level. It was noted that the claimant had recently completed nine sessions of formal physical therapy and would benefit from ten sessions of a work hardening program. Requests were also made for a Functional Capacity Examination and a lumbar orthosis. Medication management was recommended to be continued. There was no documentation of prior surgical process. There was documentation of a prior Functional Capacity Examination performed on October 22, 2013.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**LUMBAR SUPPORT ORTHOSIS:** Upheld

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 301.

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 298, 302.

**Decision rationale:** Based on the California MTUS ACOEM Guidelines, lumbar orthosis would not be indicated. The claimant does not meet current clinical picture to support the role brace based on current diagnosis and timeframe from injury. Bracing is only typically recommended in situations involving fracture, instability or the postsurgical setting. The request for a lumbar support orthosis is not medically necessary and appropriate.

**6 CONSERVATIVE THERAPY SESSIONS FOR THE CERVICAL AND LUMBAR SPINE:** Upheld

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

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

**Decision rationale:** The California MTUS Chronic Pain Medical Treatment Guidelines would not support the request for continued physical therapy. It is noted the claimant recently attended 9+ sessions of recent therapy. The Chronic Pain Guidelines recommend physical therapy in the chronic setting limited to roughly 9 sessions. There is no documentation to support that this claimant would be an exception to the Chronic Pain Medical Treatment Guidelines. Continuation of this acute modality would not be supported. The request for six conservative therapy sessions for the cervical and lumbar spine is not medically necessary and appropriate.

**QUALIFIED FUNCTIONAL CAPACITY EVALUATION:** Upheld

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 2 General Approach to Initial Assessment and Documentation.

**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 (ODG), a Functional Capacity Examination would not be indicated. Records in this case do not indicate that the claimant has attempted and failed to return to work. The records also document that the claimant had previously undergone a Functional Capacity Examination in October of 2013. There is no documentation within the records provided for review to determine how the claimant's condition or status has changed to warrant an additional FCE. The request for a qualified functional capacity evaluation is not medically necessary and appropriate.