

Case Number:	CM14-0000898		
Date Assigned:	01/22/2014	Date of Injury:	02/05/2013
Decision Date:	07/18/2014	UR Denial Date:	12/03/2013
Priority:	Standard	Application Received:	01/02/2014

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 Physical Medicine & Rehabilitation 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 injured worker is a 50-year-old male who reported injury on 02/05/2013. The mechanism of injury was cutting meat. The documentation of 11/09/2013 revealed a handwritten note that was difficult to read. The diagnosis included thoracic or lumbosacral neuritis or radiculitis unspecified, lumbar sprain and thoracic sprain. The treatment plan included an MRI of the thoracic spine and lumbar spine, VSNCT of the lumbar spine and thoracic spine, an IF unit, lumbar brace, and compounded medications.

IMR ISSUES, DECISIONS AND RATIONALES

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

FUNCTIONAL CAPACITY EVALUATION FOR THE LUMBAR SPINE: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation ACOEM Guidelines, Chapter 7: Independent Medication Examinations and Consultations, pages 137-138.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 5 Cornerstones of Disability Prevention and Management Page(s): 89-92. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Fitness for Duty Chapter, Functional Capacity Evaluation.

Decision rationale: The ACOEM guidelines indicate there is a functional assessment tool available and that is a Functional Capacity Evaluation, however, it does not address the criteria.

As such, secondary guidelines were sought. Official Disability Guidelines indicates that a Functional Capacity Evaluation is appropriate when a worker has had prior unsuccessful attempts to return to work, has conflicting medical reports, the patient had an injury that required a detailed exploration of a workers abilities, a worker is close to a maximum medical improvement and/or additional or secondary conditions have been clarified. The clinical documentation submitted for review failed to indicate the injured worker had a prior unsuccessful attempt to return to work and had conflicting medical reports. As multiple treatments were requested, there was lack of documentation indicating the injured worker had secondary conditions that had been clarified. Given the above, the request for Physical Medicine Functional Capacity Evaluation lumbar spine is not medically necessary.

PHYSIOTHERAPY TO THE LUMBAR SPINE 2 TIMES A WEEK FOR 6 WEEKS:

Upheld

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

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

Decision rationale: The California MTUS Guidelines recommend physical medicine treatment for neuralgia, neuritis and radiculitis of 8 to 10 visits. There was a lack of documentation indicating the quantity of prior therapy visits. There was a lack of documentation of the objective functional response to prior treatments. There was a lack of documentation indicating the injured worker had objective functional deficits to support the necessity for therapy. The injured worker should be well versed in a home exercise program. Additionally, the request exceeds guideline recommendations. Given the above, the request for Physical Medicine Physiotherapy Lumbar Spine 2 times 6 is not medically necessary.