

Case Number:	CM14-0001514		
Date Assigned:	01/22/2014	Date of Injury:	06/14/2012
Decision Date:	07/07/2014	UR Denial Date:	12/10/2013
Priority:	Standard	Application Received:	01/05/2014

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 and Rehabilitation has a subspecialty in Pain Medicine and is licensed to practice in Minnesota. 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 an injury on 06/14/2012; the mechanism of injury was indicated as a repetitive motion injury. Within the clinical note dated 09/11/2013, there was a detailed list outlining the injured worker's job duties and included the physical activities that were performed on a daily basis on the job site. During the clinical visit, the injured worker complained of constant moderate to severe pain of the lumbar spine that was described as sharp. The injured worker further reported the pain radiated into his right hip and right extremity with numbness into the right foot. Within the past medical history questionnaire, the injured worker was reported to have fallen off a 5 foot ladder in 2002, landing on his side. As a result, he suffered 2 fractured ribs on the right side, for which the company doctor gave the injured worker a back brace and prescribed pain medication. The injured worker reported within the same clinical note that he was still having pain from that injury. Subsequently, 2 other incidents were reported: 1 in 2010 and the other in 2012 that involved trauma to the hands with no further indication of involvement of the lumbar spine that was affected in 2002. Within the clinical note dated 11/27/2013, it was revealed during the physical exam that the injured worker had +3 spasms and tenderness to the bilateral lumbar paraspinal muscles from L3-S1. There was also a trigger point to the right piriformis muscle with a positive straight leg raise test on the right. The diagnoses of the injured worker included lumbar spondylosis with myelopathy and sciatica. Within the dated progress note, the treatment plan requested a work hardening program for 10 visits due to a plateau in the injured worker's recovery for the lumbar spine. The physician addressed the criteria for work hardening through the California MTUS Guidelines of: musculoskeletal functional limitations, an adequate trial of physical medicine, surgery not planned, physical recovery to allow for reactivation, a defined return to work goal, likely to improve, date of injury was less than 2 years passed, and program to be completed within 4

weeks. The Request for Authorization was dated 11/27/2013 within the submitted medical records.

IMR ISSUES, DECISIONS AND RATIONALES

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

FUNCTIONAL CAPACITY EVALUATION: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation ACOEM Chapter 7 pages 137-138 and Official Disability Guidelines (ODG) Duty Chapter-Functional Capacity Evaluation (FCE).

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: The Official Disability Guidelines recommend Functional Capacity Evaluations prior to admission to a work hardening program. The guidelines further specify that Functional Capacity Evaluations are not recommend for routine use as part of occupational rehab or screening, or generic assessments in which the question is whether someone can do any type of job generally. The concurrent request of admittance to a work hardening program is predicated on the results of a Functional Capacity Evaluation and the non-certification of the work hardening program; there is not an established medical necessity for a Functional Capacity Evaluation. Without the certification of the work hardening program, the guidelines do not support the certification of a Functional Capacity Evaluation. As such, the request for a Functional Capacity Evaluation is not medically necessary.

WORK HARDENING: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines WORK CONDITIONING, WORK HARDENING Page(s): 125-126.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Work conditioning, work hardening Page(s): 125-126.

Decision rationale: The California MTUS Guidelines recommend a work hardening program for musculoskeletal conditions with functional limitations precluding ability to safely achieve current job demands, which are in medium or high demand level. An FCE may be required showing consistent results, maximal effort, and demonstrated capacities below employer verified physical demand analysis. The criteria for work includes an adequate trial of physical or occupational therapy with improvement followed by a plateau, but not likely to benefit from continued physical or occupational therapy, or general conditioning. The guidelines further state that the worker must be no more than 2 years past date of injury and the worker has not returned to work by 2 years post injury. Within the submitted documentation, there is a report of the injured worker sustaining the back injury in 2002 with a documentation of the injured worker returning back to work, which was contraindicated by the guidelines' criteria of the injury being

within 2 years and the worker having not returned back to work. In addition, there was documentation that the injured worker wished to go to additional physical therapy and was reported that the injured worker plateaued; however, there was no documentation of the injured worker's status throughout that showed objective functional gains with the plateau. Lastly, the request does not specify the duration of how long the injured worker was requested to attend the program and without knowing the duration, it is not supported by the guidelines. Without documentation showing that the etiology of the lumbar pain was not sustained from the accident on 2002, further documentation within the request for the duration the injured worker is to attend the program, and objective functional documentation of a plateau of physical therapy, the request cannot be supported by the guidelines at this time. As such, the request for work hardening is not medically necessary.

ADDITIONAL CHIROPRACTIC TO INCLUDE ELECTRICAL MUSCLE STIMULATION, INFRARED, MANIPULATIVE THERAPY AND MYOFASCIAL RELEASE TO LUMBAR SPINE AT 2 TIMES PER WEEK FOR 3 WEEKS (2X3): Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines MANUAL THERAPY & MANIPULATION Page(s): 58-60.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Manual therapy & manipulation Page(s): 58.

Decision rationale: The California MTUS Guidelines recommend manual therapy and manipulation for chronic pain if caused by musculoskeletal conditions. The intended goal for effective manual medicine is the achievement of positive symptomatic or objective measurable gains in functional improvement to facilitate progression of the patient's therapeutic exercise programs and return to positive activities. For the low back, manual therapy is recommended as an option of a trial of 6 visits over 2 weeks with evidence of objective functional improvement. As indicated by the requests, it is implied that the injured worker has completed previous sessions of chiropractic therapy and is unknown how many to date the injured worker has completed. Additionally, it is not provided within the submitted medical records the outcome of previous chiropractic sessions and the objective functional gains produced by the previous sessions. Without documentation of the total number of prior visits and documentation of the objective functional gains produced by the injured worker attending the therapy, the request cannot be supported by the guidelines at this time. As such, the request for Additional Chiropractic to Include Electrical Muscle Stimulation, Infrared, Manipulative Therapy and Myofascial Release to Lumbar Spine at 2 times per week for 3 weeks is not medically necessary.

TRAMADOL 50MG #90: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines.

Decision rationale: The CA MTUS Guidelines recognize four domains that have been proposed as most relevant for ongoing monitoring of chronic pain patients on opioids: pain relief, side effects, physical and psychosocial functioning, and the occurrence of any potentially aberrant (or non-adherent) drug-related behaviors. There is a lack of documentation that the injured worker has had urine drug screens to validate proper medication adherence in the submitted paperwork. In addition, within the clinical notes the injured worker did not have pain ratings quantified with the limited pain assessments functional gains and did not indicate whether the pain assessments were done with or without medication. Lastly, the injured worker did not show any objective signs of functional improvement while on the medication. The request for Tramadol 50mg #90 is not medically necessary.