

Case Number:	CM14-0002992		
Date Assigned:	07/09/2014	Date of Injury:	08/06/2012
Decision Date:	08/07/2014	UR Denial Date:	12/09/2013
Priority:	Standard	Application Received:	01/08/2014

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 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:

This case involves a 54-year-old female, who sustained an injury to her upper and lower back on 8/6/12, from a slip and fall while employed by [REDACTED]. The request(s) under consideration include functional capacity evaluation to be done by a physical therapist and evaluation for a functional restoration program. An MRI of the lumbar spine dated 10/9/12, showed 3-4 mm disc protrusions at L3-4 and L4-5, without canal or neural foraminal stenosis. Conservative care has included physical therapy, medications, modified activities/rest; and multiple interventional pain procedures with left transforaminal epidural steroid injection (TFLESI) at L3-4 on 10/24/12, 4/3/13, and 8/7/13. The report of 11/22/13 from the provider, noted the patient with ongoing lower back pain rated at 7-8/10 without and 4-5/10 with medications. The medications are working well. An exam showed mild tenderness on palpation on both sides of paravertebral muscles; negative straight leg raise (SLR); decreased sensation in right upper extremity in circumferential distribution and left lower extremity at L4 and L5 dermatomes; positive facet loading. The diagnoses include lumbar radiculopathy. The treatment included functional capacity evaluation (FCE), transcutaneous electrical nerve stimulation (TENS), medications, urine drug screen (UDS), and functional restoration program (FRP) evaluation. The patient is not working. The request(s) for functional capacity evaluation to be done by a physical therapist and evaluation for a functional restoration program were non-certified on 12/9/13, citing guidelines criteria and lack of medical necessity.

IMR ISSUES, DECISIONS AND RATIONALES

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

Functional capacity evaluation to be done by a physical therapist: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation ACOEM Occupational Medicine Practice Guidelines, 2nd Edition, 2004, page 137-138.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation American College of Occupational and Environmental Medicine (ACOEM), 2nd Edition, (2004) Chapter 7, Independent Medical Examinations and Consultations, page 137-138.

Decision rationale: The patient has received a significant amount of conservative treatments without sustained long-term benefit. The patient continues to treat for ongoing significant symptoms, with further plans for medical treatment. The patient continues to not work, without returning to any form of modified work. It appears that the patient has not reached maximal medical improvement and continues to treat for chronic pain symptoms. The current review of the submitted medical reports have not show evidence to support the need for the request for a functional capacity evaluation, as the patient continues to be actively treated, and is disabled. The ACOEM Guidelines indicate that there is little scientific evidence confirming the functional capacity evaluation's ability to predict an individual's actual work capacity, as behaviors and performances are influenced by multiple non-medical factors, which would not determine the true indicators of the individual's capability or restrictions. The request is not medically necessary and appropriate.

Evaluation for a functional restoration program: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Functional restoration programs (FRPs) Page(s): 49.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Chronic pain programs (functional restoration programs); Functional restoration programs (FRPs) Page(s): 30-34, and 49.

Decision rationale: The Chronic Pain Guidelines indicate that the criteria for a functional restoration program requires at a minimum, appropriate indications for multiple therapy modalities including behavioral/psychological treatment, physical or occupational therapy, and at least one other rehabilitation oriented discipline. The criteria for the provision of such services should include satisfaction of the criteria for coordinated functional restoration care as appropriate to the case; a level of disability or dysfunction; no drug dependence or problematic or significant opioid usage; and a clinical problem for which a return to work can be anticipated upon completion of the services. There is no report of the above, as the patient has unchanged chronic pain symptoms and clinical presentation, without any aspiration to return to any form of work for this chronic injury of 2012, and as the patient has remained functionally unchanged, on chronic opioid medication without functional improvement from extensive treatments already rendered. There is also no psychological issue or diagnoses meeting the criteria for a functional restoration program. The request is not medically necessary and appropriate.

