

Case Number:	CM14-0005302		
Date Assigned:	01/24/2014	Date of Injury:	08/29/2013
Decision Date:	06/24/2014	UR Denial Date:	12/27/2013
Priority:	Standard	Application Received:	01/14/2014

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 Occupational Medicine, 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 patient is a 24-year-old male who has submitted a claim for Lumbar Spine Strain/Sprain with Right Sciatica with Severe Central Canal Stenosis and Herniated Nucleus Pulposus, associated with an industrial injury date of August 29, 2013. Medical records from 2013 through 2014 were reviewed, which showed that the patient complained of lumbar spine pain, rated 4/10, and right lower extremity pain. On physical examination, he had mildly antalgic gait to his right. There was no tenderness at the thoracic or lumbar paravertebral muscles, spinous processes or sacroiliac joints or sciatic notch. There was no paravertebral muscle guarding or spasm. No trigger points were noted. Lumbar range of motion was decreased. No sensorimotor deficits were reported. Straight leg raising and Lasegue's tests were positive bilaterally. Treatment to date has included medications, physical therapy, and home exercise program. Utilization review from December 27, 2013 denied the request for initial functional capacity evaluation because there was no documentation of prior unsuccessful return-to-work attempts and there was lack of conflicting medical reporting on fitness for modified job; lumbar spine support part time because guidelines do not allow for a lumbar support for patients who did not undergo recent lumbar surgery; and interferential unit for the lumbar spine because there is no scientific basis for its use.

IMR ISSUES, DECISIONS AND RATIONALES

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

INITIAL FUNCTIONAL CAPACITY EVALUATION: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation MTUS: ACOEM, ,

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, page(s) 132-139

Decision rationale: According to pages 132-139 of the ACOEM Guidelines referenced by CA MTUS, functional capacity evaluations (FCEs) may be ordered by the treating physician if the physician feels the information from such testing is crucial. Though FCEs are widely used and promoted, it is important for physicians to understand the limitations and pitfalls of these evaluations. FCEs may establish physical abilities and facilitate the return to work. However, FCEs can be deliberately simplified evaluations based on multiple assumptions and subjective factors, which are not always apparent to the requesting physician. There is little scientific evidence confirming that FCEs predict an individual's actual capacity to perform in the workplace. In this case, there was no clear rationale for a functional capacity evaluation. The latest progress note reported that the patient was still temporarily totally disabled and there was no evidence of return-to-work attempts and return-to-work goals were not defined. There is no clear indication for an FCE at this time; therefore, the request for INITIAL FUNCTIONAL CAPACITY EVALUATION is not medically necessary.

LUMBAR SPINE SUPPORT PART TIME: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation MTUS: ACOEM, ,

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

Decision rationale: According to page 301 of the ACOEM Practice Guidelines referenced by CA MTUS, lumbar supports have not been shown to have any lasting benefit beyond the acute phase of symptom relief. In this case, the nature of the patient's pain may be considered chronic in nature. The medical records failed to provide a clear rationale for a lumbar support despite not having any lasting benefit beyond acute symptomatic relief. Therefore, the request for LUMBAR SPINE SUPPORT PART TIME is not medically necessary.

1 INTERFERENTIAL UNIT 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 MTUS: , INTERFERENTIAL CURRENT STIMULATION (ICS),

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Chronic Pain Medical Treatment Guidelines 9792.24.2 Page(s): 118-120.

Decision rationale: According to pages 118-120 of the CA MTUS Chronic Pain Medical Treatment Guidelines, interferential current stimulation is not recommended as an isolated intervention. However a one-month trial may be appropriate when: pain is ineffectively controlled due to diminished effectiveness of medications or due to side effects; or history of substance abuse; or significant pain from postoperative conditions limits the ability to perform exercise programs/physical therapy; or unresponsive to conservative measures. In this case, there was no discussion regarding diminished effectiveness of medications and history of drug abuse. There was also no indication that the patient is presently in postoperative condition. The medical records also failed to provide evidence of unresponsiveness to conservative management. Therefore, the request for 1 INTERFERENTIAL UNIT FOR THE LUMBAR SPINE is not medically necessary.