MAXIMUS Federal Services

Case Number:	CM14-0008149		
Date Assigned:	02/12/2014	Date of Injury:	08/11/2011
Decision Date:	06/24/2014	UR Denial Date:	01/09/2014
Priority:	Standard	Application Received:	01/22/2014

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 Management 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 is a patient with a date of injury of August 11, 2011. A utilization review determination dated January 9, 2014 recommends non-certification of a functional capacity evaluation and functional restoration program. A progress report dated November 20, 2013 identifies subjective complaints of low back pain radiating into the right lower extremity. The patient has undergone an extensive course of physical therapy, chiropractic care, and acupuncture. She has also been seen by an interventional pain specialist. Her functional limitations are listed. Physical examination findings identify reduced lumbar range of motion, hyperesthesia in the right L5 and S1 dermatomes, and reduced strength in the right lower extremity. Diagnoses include facet arthropathy in the lumbar spine, chronic pain syndrome, SI joint dysfunction, and lumbar herniated nucleus pulposus. The note indicates that the patient is permanent and stationary and has reached maximum medical improvement. Future medical treatment may include follow-up visits, prescription and nonprescription medication, monitoring of medications, physical therapy, chiropractic treatment, acupuncture treatment, durable medical equipment, x-rays, CT scans, MRIs, consultation with interventional pain management, injections, and/or surgery. Authorization is requested for a functional capacity evaluation to accurately determine the patient's ability level as well as a functional restoration program.

IMR ISSUES, DECISIONS AND RATIONALES

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

FCE: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation MTUS: CHRONIC PAIN MEDICAL TREATMENT GUIDELINES, CHRONIC PAIN PROGRAMS (FUNCTIONAL RESTORATION PROGRAMS),

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 1 Prevention Page(s): 12. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Fitness for Duty Chapter, Functional Capacity Evaluation

Decision rationale: Regarding the request for functional capacity evaluation, Occupational Medicine Practice Guidelines state that there is not good evidence that functional capacity evaluations are correlated with a lower frequency of health complaints or injuries. ODG states that functional capacity evaluations are recommended prior to admission to a work hardening program. The criteria for the use of a functional capacity evaluation includes case management being hampered by complex issues such as prior unsuccessful return to work attempts, conflicting medical reporting on precautions and/or fitness for modified job, or injuries that require detailed explanation of a worker's abilities. Additionally, guidelines recommend that the patient be close to or at maximum medical improvement with all key medical reports secured and additional/secondary conditions clarified. Within the documentation available for review, there is no indication that there has been prior unsuccessful return to work attempts, conflicting medical reporting, or injuries that would require detailed exploration. In the absence of clarity regarding those issues, the currently requested functional capacity evaluation is not medically necessary.

FRP: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Chronic Pain Programs (Functional Restoration Programs.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Chronic Pain Programs Page(s): 30-34, 49.

Decision rationale: Regarding the request for a functional restoration program, California MTUS supports chronic pain programs/functional restoration programs when: Previous methods of treating chronic pain have been unsuccessful and there is an absence of other options likely to result in significant clinical improvement; The patient has a significant loss of ability to function independently resulting from the chronic pain; The patient is not a candidate where surgery or other treatments would clearly be warranted; The patient exhibits motivation to change, and is willing to forgo secondary gains, including disability payments to effect this change; & Negative predictors of success above have been addressed. Within the medical information available for review, there is no documentation that an adequate and thorough evaluation has been made including baseline functional testing, no statement indicating that other methods for treating the patient's pain have been unsuccessful, no statement indicating that the patient has lost the ability to function independently, and no statement indicating that there are no other treatment options available. Additionally, there is no discussion regarding motivation to change and negative predictors of success. Furthermore, the guidelines recommend a two-week trial to assess the

efficacy of a functional restoration program. Additionally, the current request does not specify if this is for an initial consultation, or a certain duration of treatment, and guidelines do not support the open ended application of Functional Restoration Programs. In the absence of clarity regarding the above issues, the currently requested four-week rehabilitation program is not medically necessary.