

Case Number:	CM14-0008225		
Date Assigned:	02/07/2014	Date of Injury:	09/14/2010
Decision Date:	07/24/2014	UR Denial Date:	12/23/2013
Priority:	Standard	Application Received:	01/17/2014

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 38-year-old female who has submitted a claim for chronic low back and right leg pain, lumbar degenerative disc disease and depression associated with an industrial injury date of September 14, 2010. Medical records from 2013 were reviewed. The patient complained of persistent chronic low back pain. Physical examination showed a non-antalgic gait and right paraspinal tenderness and muscle spasm associated with recognizable trigger points including a jump sign in the quadratus lumborum extending down into the right gluteal musculature. The diagnoses were chronic low back and right leg pain; acute onset left low back and left buttock/hip pain; reactive myofascial pain, left quadratus and left gluteal region; lumbar degenerative disc disease at L4-5 and L5-S1; and right L5 radiculopathy. Treatment plan includes a request for multidisciplinary evaluation (1 day FCE). Treatment to date has included oral and topical analgesics, physical therapy, home exercise program, trigger point injections, lumbar ESI, acupuncture and activity modification. Utilization review from December 23, 2014 denied the request for multidisciplinary evaluation (1 day FCE) because there is no specific rationale identifying how a detailed exploration of the patient's functional abilities in the context of specific work demands would facilitate return-to-work.

IMR ISSUES, DECISIONS AND RATIONALES

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

MULTIDISCIPLINARY EVALUATION (1 DAY FCE): Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation ACOEM, Independent Medical Examinations And Consultations, 132-139.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines : Chronic pain programs (functional restoration programs) Page(s): 30-32. Decision based on Non-MTUS Citation American College of Occupational and Environmental Medicine (ACOEM), 2nd Edition, (2004) Chapter 7, page (s) 132-139; as well as Official Disability Guidelines (ODG) Fitness for Duty, Functional capacity evaluation (FCE).

Decision rationale: As stated on pages 132-139 of the CA MTUS ACOEM Guidelines, functional capacity evaluations (FCEs) may be ordered by the treating physician if the physician feels the information from such testing is crucial. According to ODG, an FCE is considered if case management is hampered by complex issues such as prior unsuccessful RTW attempts, conflicting medical reporting on precautions or fitness for modified job, and injuries that require detailed exploration of a worker's abilities. Pages 30-32 of the California MTUS Chronic Pain Medical Treatment Guidelines criteria for use of multidisciplinary pain management programs include: an adequate and thorough multidisciplinary evaluation has been made; unsuccessful attempts with conservative treatment options; significant loss of ability to function independently due to the chronic pain; and the patient is not a surgical candidate. In this case, a report dated December 4, 2013 shows that the patient's degenerative disc disease may well be benefited by surgical treatment. It also states that the patient has not returned to work due to administrative rather than medical issues. The guideline clearly states that multidisciplinary pain management programs are recommended for patients who are not surgical candidates. There were also no evidence of failed return to work attempts or significant loss of ability of the patient to function independently. The medical necessity has not been established. Therefore, the request for Multidisciplinary Evaluation (1 day FCE) is not medically necessary.