

Case Number:	CM14-0008824		
Date Assigned:	02/25/2014	Date of Injury:	03/27/2013
Decision Date:	06/26/2014	UR Denial Date:	01/10/2014
Priority:	Standard	Application Received:	01/21/2014

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:

The injured worker is a 48-year-old who reported an injury on March 27, 2013 secondary to a fall. The clinical notes dated November 20, December 20, 2013, and February 5, 2014 reported the injured worker complained of constant severe pain to his lumbar spine with pain noted on the bottoms of both feet. He also reportedly complained of frequent severe pain to his thoracic spine. The injured worker reportedly stated he had pain upon toileting, climbing stairs, prolonged standing and prolonged sitting. The physical examination, of the thoracic spine, revealed +3 spasms and tenderness to the bilateral paraspinal muscles from T1 to T9 and the physical examination, of the lumbar spine, revealed +4 spasms and tenderness to the bilateral paraspinal muscles from L3 to S1. The straight leg raise, Kemp's test and Yeoman's test were positive bilaterally with decreased reflexes to the right and left Achilles. A Braggard's test was positive on the right. The diagnoses included lumbar/thoracic disc displacement with myelopathy and sciatica. The injured worker's medication regimen reportedly included Tramadol and Naproxen. The treatment plans included recommendations for a functional capacity evaluation, interferential current muscle stimulator, a lumbosacral orthosis, chiropractic manipulative therapy, massage therapy, therapeutic activities, and medications. The injured worker was reportedly taught a series of home exercises and was reviewed for proper form, duration, and number of repetitions for a home exercise plan. The injured worker's previous treatments reportedly included twelve completed sessions of physical therapy and medications. The request for a functional capacity evaluation was submitted on February 5, 2014. The request for authorization for a TENS unit was submitted on January 28, 2014.

IMR ISSUES, DECISIONS AND RATIONALES

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

12 SESSIONS OF CHIROPRACTIC MANIPULATION,ELECTRICAL MUSCLE STIMULATION,INFRARED AND MYOFASCIAL RELEASE: 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, ,

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

Decision rationale: The injured worker has a history of mid to low back pain treated with twelve sessions of physical therapy and medications. The Chronic Pain Medical Treatment Guidelines recommend chiropractic manipulation (manual medicine) for chronic low back pain if the pain is caused by musculoskeletal conditions. It is recommended for a trial treatment of six visits over two weeks, and with evidence of objective functional improvement a total of up to eighteen visits over six to eight weeks. The documentation, provided for review, stated the injured worker is participating in a home exercise program; however, the request for chiropractic therapy did not provide the site at which the therapy would be directed. Additionally, the request for twelve sessions would exceed the guideline recommendations for the number of sessions within the trial. The request for twelve sessions of chiropractic manipulation,electrical muscle stimulation,infrared and myofascial release is not medically necessary or appropriate.

TRAMADOL 50 MG #90: 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, OPIOIDS,

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids for chronic pain Page(s): 80.

Decision rationale: The injured worker has a history of mid to low back pain treated with physical therapy and medications. The CA MTUS Guidelines states opioids appear to be efficacious but limited for short-term pain relief and recommend ongoing review and documentation of pain relief, functional status, appropriate medication use, and side effects. The guidelines note a pain assessment should include current pain; the least reported pain over the period since last assessment; average pain; intensity of pain after taking the opioid; how long it takes for pain relief; and how long pain relief lasts. Satisfactory response to treatment may be indicated by the patient's decreased pain, increased level of function, or improved quality of life. Based on the clinical information, provided for review, the injured worker has been treated with this medication since approximately November 2013 and there is a lack of documentation indicating the injured worker has had significant functional improvements or pain relief with the medication. The request for Tramadol 50 mg, ninety count, is not medically necessary or appropriate.

FUNCTIONAL CAPACITY EVALUATION: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 5 Cornerstones of Disability Prevention and Management Page(s): 77-89. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Fitness For Duty, Functional capacity evaluation (FCE).

Decision rationale: The injured worker has a history of mid to low back pain treated with 12 sessions of physical therapy and medications. ACOEM states it may be necessary to obtain a more precise delineation of patient capabilities than is available from routine physical examination. Under some circumstances, this can best be done by ordering a functional capacity evaluation of the patient. The Official Disability Guidelines recommend functional capacity evaluations based on prior unsuccessful return to work attempts, conflicting medical reporting on precautions and/or fitness for modified job and injuries that require detailed exploration of a worker's ability. Additionally the guidelines recommend the injured worker be close to or at maximum medical improvement and additional/secondary conditions clarified. Within the clinical information, provided for review, there is a lack of documentation providing evidence the injured worker has had any attempts to return to work or the injured worker is close to or at maximum medical improvement. It did not appear the requested evaluation was part of an entrance assessment for a work hardening program. The request for a functional capacity evaluation is not medically necessary or appropriate.