

Case Number:	CM14-0131755		
Date Assigned:	09/19/2014	Date of Injury:	05/17/2012
Decision Date:	10/22/2014	UR Denial Date:	07/29/2014
Priority:	Standard	Application Received:	08/18/2014

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 & 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 36-year-old male who reported an injury on 05/17/2012. The mechanism of injury was not provided. On 06/18/2014, the injured worker presented with constant pain. Upon examination, there was limited lumbar spine range of motion due to pain. The sensory examination noted lower extremity paresthesia along the lateral aspect of the right leg and ankle, with deep tendon reflexes of 2/4. Provocative testing included a positive Adson's test to the cervical spine and a positive SI joint compression test to the lumbar spine. The diagnoses were sprain and strain of the lumbar region and sacroiliac sprain/strain. Prior therapy included medications. The provider recommended a trial of functional restoration and a Functional Capacity Evaluation. The provider's rationale was not provided. The Request for Authorization Form was not included in the medical documents for review.

IMR ISSUES, DECISIONS AND RATIONALES

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

10 Day trial of functional restoration program 2x wk x5 weeks: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Chronic Pain Programs (Functional Restoration Programs) Page(s): 30-32.

Decision rationale: The California MTUS states that an adequate and thorough evaluation needs to be made, including baseline functional testing so that followup with the same test can note functional improvement, 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 injured worker must have had a significant loss of ability to function independently resulting from chronic pain, and the injured worker is not a candidate where surgery or other treatments would be clearly warranted. The injured worker must also exhibit motivation to change. Negative predictors of success should be addressed, and functional restoration treatments are not suggested for longer than 2 weeks without evidence of demonstrated efficacy as documented by subjective and objective gains. The clinical documentation noted a previously authorized functional rehabilitation program on 11/17/2013; however, there is no documentation regarding improvement of the injured worker's outcomes from treatment with the previous program. The medical necessity for repeat treatment of functional restoration would not be warranted. As such, medical necessity has not been established.

FCE: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guideline (ODG) Treatment Workers Compensation (TWC)

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.

Decision rationale: The California MTUS/ACOEM Guidelines state that Functional Capacity Evaluation may be necessary to obtain a more precise delineation of the injured worker's capabilities. The official disability guidelines further state that a Functional Capacity Evaluation was documented and may be used prior to admission to a work hardening program with a preference for assessment tailored to a specific job or task. Functional Capacity Evaluations are not recommended for routine use. The injured worker has had a previous Functional Capacity Evaluation in 06/2014. There was a lack of objective findings upon physical examination demonstrating significant functional deficit. There is a lack of documentation on how a repeat Functional Capacity Evaluation would allow the provider to evolve in a treatment plan or goals for the injured worker. There was also a lack of documentation of other treatments the injured worker underwent and the previous measures of progress, as well as efficacy of the prior treatments. As such, the medical necessity has not been established.