

Case Number:	CM14-0146174		
Date Assigned:	09/12/2014	Date of Injury:	10/19/2011
Decision Date:	11/04/2014	UR Denial Date:	08/08/2014
Priority:	Standard	Application Received:	09/09/2014

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 injured worker is a 40-year-old female with date of injury on October 19, 2011. She was seen for agreed medical evaluation. The injured worker is being seen by two providers. On March 7, 2014, the injured worker complained of flared-up of her low back. She reported constant slight to intermittent moderate to occasionally severe low back pain that radiated to her right lower extremity with associated numbness throughout her right lower extremity. She also complained of stiffness, tightness, and occasional spasm of her back. She additionally noted popping and clicking of her right knee as well as sleep disruption. The examination of the lumbar spine revealed restricted range of motion with pain elicited in all planes, tenderness, and spasm over the paralumbar musculature, and difficulty arising from seated position. She also had upright and guarded posture. She returned on March 17, 2014 and April 9, 2014 with complaint of constant lumbar spine pain with radiculopathy to her right foot with associated numbness and tingling. She also complained of muscle spasms and sleep disruption. On examination, the injured worker had guarded upright posture, had stooped forward, and right antalgic gait. She also had difficulty arising from seated position. The range of motion of the lumbar spine was still restricted. Subsequently, on May 5, 2014, the injured worker complained of constant slight to intermittent moderate and occasionally severe low back pain that radiated to her right lower extremity extending to her foot with associated numbness and tingling. She also noted stiffness, tightness, and spasm that were worse with prolonged sitting as well as difficulty sleeping. The objective findings were the same. In her follow-up visit on June 9, 2014, she reported that she had undergone weight loss procedure on May 29, 2014 and had slightly improved lumbar spine condition. She noted frequent pain in her lumbar spine that radiated to her right leg. On examination, the range of motion was restricted due to pain. The injured worker underwent physical therapy on June 16 and 30, 2014 as well as on July 10, 2014. The injured worker was

reevaluated on July 21, 2014 it was reported that her low back felt worse. She complained of constant slight to intermittent moderate to occasionally severe low back pain with stiffness and tightness. She also noted burning sensation across her low back. She reported that the first session of physical therapy was educational and her second therapy instructed her in home exercises. On examination, the lumbar spine range of motion was limited, tenderness was present, and the straight leg raising test was positive. On July 31, 2014, the injured worker underwent sudoscan. The result revealed normal symmetry for both hands and feet and intermediate conductance for the feet and hands indicative of peripheral autonomic neuropathy. Furthermore, the Formal Pain Evaluation Report dated July 31, 2014 revealed total pain-related impairment score of 61.1125 indicative of severe impairment and that the injured worker qualified for a three percent whole person impairment for pain. The x-ray exam of the lumbar spine was obtained on August 5, 2014. The findings revealed (a) lumbar levoconvex scoliosis and decreased range of motion of the lumbar spine on flexion and extension may be positional or reflect an element of myospasms; and (b) degenerative marginal end plate osteophytes off the anterior inferior L3-L4 vertebra.

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: Decision based on MTUS Chronic Pain Treatment Guidelines Functional Improvement measures Page(s): 48.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Fitness For Duty, Functional capacity evaluation (FCE)

Decision rationale: The records did not establish that any of the criteria as indicated in the Official Disability Guidelines have been satisfied to support functional capacity evaluation. The guidelines specified that functional capacity evaluation should be considered when (1) case management is 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 exploration of a worker's abilities; or (2) timing is appropriate: Close or at maximum medical improvement/all key medical reports secured or additional/secondary conditions clarified. Therefore, the initial functional capacity evaluation is not medically necessary at this time.

Cardio-Respiratory Diagnostic testing: Upheld

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

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 3 Initial Approaches to Treatment Page(s): 43-44.

Decision rationale: The American College of Occupational and Environmental Medicine guidelines specifies that tests and procedures may be performed to determine the source of complaints. In the injured worker's case, medical reports provided from the provider did not however document any cardio-respiratory problems to necessitate diagnostic testing. Moreover, according to the agreed medical evaluation report dated February 28, 2014, under review of systems, the injured worker denied heart problems and difficulty breathing. Therefore, the cardio-respiratory diagnostic testing is not medically necessary at this time.

Acupuncture 1-2x per week for 6 weeks for low back bilateral: Upheld

Claims Administrator guideline: Decision based on MTUS Acupuncture Treatment Guidelines.

MAXIMUS guideline: Decision based on MTUS Acupuncture Treatment Guidelines.

Decision rationale: The injured worker must first undergo initial trial of four sessions of acupuncture treatment with her response to such treatment being properly documented before further treatment visits can be considered. The Chronic Pain Medical Treatment Guidelines states that the time to produce functional improvement is three to six treatments and that acupuncture treatments may be extended if functional improvement is documented. Therefore, the request for acupuncture 1-2x per week for 6 weeks for low back bilateral is not medically necessary at this time.

Med consult: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation ACOEM guidelines; Chapter 2

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 5 Cornerstones of Disability Prevention and Management Page(s): 79-83.

Decision rationale: The American College of Occupational and Environmental Medicine guidelines state that the clinician should judiciously select and refer to specialists who will support functional recovery as well as provide expert medical recommendations. However, the rationale for requesting co-management approach was not stipulated. In the absence of specific condition, the specialist evaluation is therefore not medically necessary.

Physical therapy 3x per week for 4 weeks for low back bilateral: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Physical Medicine Guidelines Page(s): 98-99.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Physical Medicine Page(s): 98-99. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Low Back - Lumbar & Thoracic (Acute & Chronic), Physical therapy (PT)

Decision rationale: Although physical medicine is supported by the guidelines, the total quantity requested however exceeded the Chronic Pain Medical Treatment Guidelines recommendation of eight to 10 visits for myalgia, myositis, neuralgia, neuritis, and radiculitis, unspecified. Moreover, the Official Disability Guidelines require assessment after a six-visit clinical trial before proceeding with further treatment which is not documented in this worker's case. Therefore this request is not medically necessary.