MAXIMUS Federal Services

Case Number:	CM14-0162827		
Date Assigned:	10/08/2014	Date of Injury:	09/11/2013
Decision Date:	12/04/2014	UR Denial Date:	09/05/2014
Priority:	Standard	Application Received:	10/03/2014

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 Family Medicine and is licensed to practice in New Jersey. 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 worker is a 22 year old male who was injured cumulatively leading up to 9/30/2013. He was diagnosed with spinal stenosis, lumbar radiculopathy, and lumbar disc extrusion. He was treated with muscle relaxants, NSAIDs, anti-epileptics, topical analgesics, chiropractor treatments (14 sessions) and physical therapy. On 7/14/14, the worker, was seen by his treating physician complaining of worsening low back pain with numbness and tingling, rated at 7/10 on the pain scale. He was then recommended additional chiropractor sessions. Later, on 8/22/14, the worker was seen by his chiropractor reporting intermittent low back pain, but reported improving with his pain rated at 0-5/10 on the pain scale. Physical examination of the lumbar area included tenderness and spasm as well as a positive straight leg raise test. He was then recommended a functional capacity evaluation and was recommended to do lumbar home exercises using a kit/equipment (not specified) as well as go swimming.

IMR ISSUES, DECISIONS AND RATIONALES

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

Functional capacity evaluation: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 48.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 2 General Approach to Initial Assessment and Documentation, Chapter 1 Prevention Page(s): 12, 21. Decision based on

Non-MTUS Citation Official Disability Guidelines (ODG), Fitness for Duty section, Functional capacity evaluation

Decision rationale: The MTUS Guidelines state that at present, there is not good evidence that functional capacity evaluations (FCE) are correlated with a lower frequency of health complaints or injuries, and that the preplacement examination process will determine whether the employee is capable of performing in a safe manner the tasks identified in the job-task analysis. However, an FCE may be considered. The ODG goes into more detail as to which situations would benefit from an FCE, and how to make a request for such. It states that the healthcare provider requesting an FCE request an assessment for a specific task or job when wanting admission to a Work Hardening (WH) Program. The FCE is more likely to be successful if the worker is actively participating in determining the suitability of a particular job. The provider should provide as much detail as possible about the potential job to the assessor, and the more specific the job request, the better. The FCE may be considered when management is hampered by complex issues such as prior unsuccessful RTW attempts, conflicting medical reporting of precautions and/or fitness for modified job, or injuries that require detailed exploration of a worker's abilities. The timing of the request also has to be appropriately close or at maximal medical improvement with all key medical reports secured and additional conditions clarified. The ODG advises that one should not proceed with an FCE if the sole purpose is to determine a worker's effort or compliance, or if the worker has returned to work and an ergonomic assessment has not been arranged. In the case of this worker, the chiropractor requested a functional capacity evaluation after a lumbar flare-up, which was intermittent and mild to moderate in severity. There was insufficient preparation of information (medical history, specific job and tasks requested, etc.) regarding this request in order to consider it. Also, the worker was improving at the time of the request, suggesting he was not at the maximum improvement. Therefore, the FCE is not medically necessary.

Home exercise kit for the lumbar spine: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 299.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Exercise Page(s): 46-47. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Lower Back section, Exercise

Decision rationale: The MTUS Chronic Pain Guidelines state that exercise is recommended and is one of the most important first-line treatment methods for prevention and treatment of acute and chronic back pain as it has strong evidence for its effectiveness. Exercise should be initiated at the start of any treatment or rehabilitation program unless exercise is contraindicated. Exercise programs should emphasize independence, education, and ongoing exercise in order to maintain the benefits. The ODG also recommends exercise for acute and chronic back pain, with chronic back pain requiring more intensive exercising. While home exercise programs are of course recommended, advanced home exercise equipment are not covered under the ODG recommendations, although temporary transitional exercise programs may be appropriate for patients who need more supervision. In the case of this worker, an exercise kit for the low back

was recommended, however, there was no description of what was included in the kit and why he required it, which is required before consideration can be made. Therefore, the Lumbar Exercise Kit is not medically necessary.

Chiropractic rehab 2 x 3, low back: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 58.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Manual therapy & manipulation Page(s): 58-60.

Decision rationale: MTUS Chronic Pain Medical Treatment Guidelines state that for musculoskeletal conditions, manual therapy & manipulation is an option to use for therapeutic care within the limits of a suggested 6 visits over 2 weeks, with evidence of objective functional improvement, and a total of up to 18 visits over 6-8 weeks. It may be considered to include an additional 6 session (beyond the 18) in cases that show continual improvement for a maximum of 24 total sessions. The MTUS Guidelines also suggest that for recurrences or flare-ups of pain after a trial of manual therapy was successfully used, there is a need to re-evaluate treatment success, and if the worker is able to return to work then 1-2 visits every 4-6 months is warranted. Manual therapy & manipulation is recommended for neck and back pain, but is not recommended for the ankle, foot, forearm, wrist, hand, knee, or for carpal tunnel syndrome. In the case of this worker, there was not sufficient documented evidence that previous chiropractor sessions (at least 14 reported) showed measurable functional benefit as this was not reported in the notes. In order to consider additional chiropractor treatments, this documented evidence of benefit needs to be available to the reviewer. Therefore, the additional 6 sessions of Chiropractor Treatments are not medically necessary.