

Case Number:	CM14-0034877		
Date Assigned:	06/23/2014	Date of Injury:	05/28/1997
Decision Date:	08/13/2014	UR Denial Date:	02/18/2014
Priority:	Standard	Application Received:	03/20/2014

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 Anesthesiologist, Pain Medicine and is licensed to practice in Florida. 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 75-year-old female who reported an injury 05/28/1997. The mechanism of injury was not provided within the medical records. The clinical note dated 04/11/2014 indicates diagnoses of post laminectomy of the lumbar region and chronic pain syndrome. The injured worker reported lower back pain moving one side to another. The injured worker reported she fell at home due to lower extremity weakness and felt she injured her right shoulder. The injured worker reported low back pain and pelvis and bilateral lower extremities with numbness and tingling, pain with both lower legs with pitting edema. The injured worker also reported muscle atrophy to the left foot, lateral side and heel, also on the right, atrophy and lateral and medial side of the foot and heel. The injured worker reported the pain was constant in frequency and moderate to severe in intensity. The injured worker reported her pain as 6 out of 10, her average level of pain was 7 to 6 out of 10 with medications. The injured worker described her pain as sharp, occasionally throbbing, dull, aching, shooting, electric-like and burning with pins and needles sensation and skin sensitivity to light touch. The injured worker reported pain was aggravated by bending backward, reaching, kneeling, stooping, and crawling. The injured worker reported the pain decreased with lying down, relaxing and pushing shopping carts and leaning forward and medications. The injured worker reported her symptoms have been worsening since the injury. The injured worker reported her neck was 60% of her pain and her arm was 40% of her pain. The injured worker reported her back was 70% of her pain and her leg was 100% of her pain. The injured worker reported she can walk one half a blocks before stopping because of pain. The injured worker reported she avoided socializing with friends, performing household chores, participating in recreation because of her pain. The injured worker reported difficulty with getting dressed and required assistance of her home care assistant. On physical examination the injured worker ambulated with crutches with an analgic

gait pattern. She was unable to don and doff her shoes independently and was unable to transfer on and off the exam table independently. On examination of the lumbar spine, range of motion revealed flexion of 20 degrees, extension of 5 degrees and side bending of 10 degrees to the right and to the left. Rotation was limited. The injured worker had 2+ pitting edema to the bilateral ankles. Examination of the right shoulder revealed tenderness to palpation at lateral shoulder, upper arm with limited range of motion due to pain. Motor revealed atrophy in the left calf at 3. Motor function in major muscle groups of the lower extremities. The injured worker had diminished sensation in the bilateral L4, L5 and S1 dermatomes of the lower extremities. The injured worker had limited range of motion in all joints in the lower extremities and lower leg weakness. The injured worker was status post lumbar decompression and had failed all forms of conservative management. The injured worker's prior treatments include diagnostic imaging, surgery, physical therapy and medication management. The injured worker's medication regimen included Lyrica, Mentoderm topical cream. The provider submitted a request for multidisciplinary evaluation and request for authorization was not submitted for review to include the date the treatment was requested.

IMR ISSUES, DECISIONS AND RATIONALES

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

MULTIDISCIPLINARY EVALUATION: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Functional Restoration Program.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 5 Cornerstones of Disability Prevention and Management Page(s): 89-92, Chronic Pain Treatment Guidelines Work conditioning, work hardening Page(s): 125.

Decision rationale: The CA MTUS/ACOEM guidelines recognize the functional capacity exam/evaluation (FCE) as a supported tool for assessing an injured worker's function and functional recovery. The CA MTUS guidelines state a FCE may be required showing consistent results with maximal effort, demonstrating capacities below an employer verified physical demands analysis (PDA). The Official Disability Guidelines recommend a functional capacity evaluation prior to admission to a Work Hardening (WH) Program, with preference for assessments tailored to a specific task or job. The Official Disability Guidelines recommend a functional capacity evaluation prior to admission to a Work Hardening Program, with preference for assessments tailored to a specific task or job. Consider an FCE if the case management is hampered by complex issues such as: a prior unsuccessful return to work (RTW) attempts. Conflicting medical reporting on precautions and/or fitness for modified job. Injuries that require detailed exploration of a worker's abilities. Timing is appropriate: close or at MMI/all key medical reports secured. Additional/secondary conditions clarified. There is a lack of significant evidence including baseline functional testing. Follow up with the same test can note functional improvement in the documentation provided. In addition, there is lack of functional improvement with associated reduction of medication use in the documentation provided. Additionally, there is lack of information upon physical examination and lack of documentation of other treatments the injured worker underwent previously and the measurement of progress

with the prior treatments. Furthermore, the requesting physician did not indicate a rationale for the request. Additionally, it was not indicated whether a work hardening program was recommended. Therefore, the request for Multidisciplinary Evaluation is not medically necessary.