

Case Number:	CM14-0066470		
Date Assigned:	07/11/2014	Date of Injury:	02/27/2014
Decision Date:	08/27/2014	UR Denial Date:	04/16/2014
Priority:	Standard	Application Received:	05/09/2014

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 Physical Medicine and Rehabilitation and is licensed to practice in Illinois. 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 52-year-old male who reported an injury on 02/27/2014. The mechanism of injury was when he lifted a patient, he injured his lower back. The injured worker has diagnoses of cervical sprain/strain with multilevel IVD, lumbar strain/sprain with multilevel IVD, radiculitis, myofasciitis, exposure to chemicals, lumbar retrolisthesis, cervical spine multilevel degenerative joint disease, and lumbar spine multilevel degenerative disc disease. Past treatments included acupuncture, medications, pain management, urine drug screens, shockwave therapy of the lumbar spine, and stretching and exercise program. The diagnostic test included and MRI of the cervical spine on 06/18/2014. There was no surgical history provided. On 04/01/2014, the injured worker complained of neck pain that radiated to the base of his head and into the upper back. Pain was moderate to severe in the low back radiating up the back and into both lower extremities. Range of motion of the cervical spine was flexion at 40 degrees, extension at 40 degrees, left lateral flexion at 30 degrees, right lateral flexion at 20 degrees, left rotation at 50 degrees, and right rotation at 40 degrees. Exam of the lumbosacral spine range of motion was flexion at 60 degrees, extension at 20 degrees, left lateral flexion at 15 degrees, right lateral flexion at 10 degrees, left rotation at 20 degrees, and right rotation at 15 degrees. The injured worker has modified work duty and no lifting over 10 pounds, limited stooping and bending. The provider's recommendations were for a TENS unit for home use, begin acupuncture 1 to 2 times a week for 4 weeks, order electromyography (EMG) and nerve conduction velocity (NCV) of the lower extremities, request a Functional Capacity Evaluation test, request all medical records, request x-rays from urgent care, and begin home stretching and exercise program, and re-evaluate in 4 weeks. Medications included Anaprox, Ultracet, Protonix, Xanax, FCL, CMCTGC topical cream, Naproxen, Demerol, Pantoprazole, Soma, and Alprazolam. Treatment plan is for outpatient functional capacity evaluation and purchase of a

TENS unit. The rationale was not provided. The request for authorization form was dated 04/01/2014.

IMR ISSUES, DECISIONS AND RATIONALES

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

Purchase of TENS unit: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines TENS Page(s): 114.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines TENS Page(s): 114 - 116.

Decision rationale: The request for purchase of TENS unit is not medically necessary. The injured worker has a history of low back pain and neck pain. California MTUS recommends a one month trial of a TENS unit as an adjunct to a program of evidence-based functional restoration for chronic neuropathic pain. Prior to the trial there must be documentation of at least three months of pain and evidence that other appropriate pain modalities have been tried (including medication) and have failed. TENS unit is not recommended as a primary treatment modality. The request is for the purchase of this device. There is no evidence that the device has been utilized on a trial basis prior to this request. There is no documentation of other modalities being tried and failed. As such, the request is not medically necessary.

Outpatient functional capacity evaluation (FCE): Upheld

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

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 5 Cornerstones of Disability Prevention and Management Page(s): 89-92. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Fitness for duty, Functional capacity evaluation.

Decision rationale: The request for outpatient functional capacity evaluation is not medically necessary. The injured worker has a history of back and neck pain. The California MTUS/ACOEM Guidelines indicate there is a functional assessment tool available and that is a functional capacity evaluation, however, it does not address the criteria. As such, secondary guidelines were sought. Official Disability Guidelines indicates that a functional capacity evaluation is appropriate when a worker has had prior unsuccessful attempts to return to work, has conflicting medical reports, the patient had an injury that required a detailed exploration of a workers abilities, a worker is close to maximum medical improvement and/or additional or secondary conditions have been clarified. However, the evaluation should not be performed if the main purpose is to determine a worker's effort or compliance or the worker has returned to work and an ergonomic assessment has not been arranged. It is recommended prior to admission to a Work Hardening (WH) Program, with preference for assessments tailored to a specific task or job. There is lack of documentation of the injured worker's attempt to return to work. The

injured worker has lack of documentation of previous treatments tried. As such, the request is not medically necessary.