

Case Number:	CM14-0180423		
Date Assigned:	11/05/2014	Date of Injury:	07/08/2013
Decision Date:	01/07/2015	UR Denial Date:	10/10/2014
Priority:	Standard	Application Received:	10/30/2014

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 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:

Injured worker is a 59-year old male who sustained a work place injury on 07/08/13. The claimant's diagnosis includes cervico thoracic spine sprain/strain, bilateral shoulder sprain/strain with right shoulder impingement. Per medical record, claimant reports being a general laborer. The injury occurred while claimant was working on irrigation system whereas his right leg slid forward causing it to hyper flex left knee and ending sitting down. Prior treatment consisted of a course of therapy without improvement and pain medications. Claimant underwent hernia surgery 09/2013. Claimant complained of neck, shoulders, upper and lower back, bilateral hands/fingers, right hip, knees ankles, right groin and right buttock pain. The treatment that followed included electro stimulation therapy, massages, acupuncture. Claimant complains of stress, anxiety, insomnia and depression attributed to constant pain, lack of work and financial hardship. Reports having difficulty falling asleep often waking early due to stress and depression. This request is for a functional capacity evaluation, psychology consult, lumbar spine support, and continued Tens unit. Prior review request completed 10/10/14 non-certified per CA MTUS and ACOEM guidelines.

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 ACOEM Chapter 2 General Approach to Initial Assessment and Documentation. Decision based on Non-MTUS Citation

Official Disability Guidelines (ODG), Treatment in Workers Compensation (TWC), Fitness for Duty Procedure Summary, updated 05/12/2010

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 2 General Approach to Initial Assessment and Documentation. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) ODG-TWC online, Functional Capacity

Decision rationale: According to pages 132-139 of the ACOEM Guidelines referenced by CA MTUS, functional capacity evaluations (FCEs) may be ordered by the treating physician if the physician feels the information from such testing is crucial. Though FCEs are widely used and promoted, it is important for physicians to understand the limitations and pitfalls of these evaluations. FCEs may establish physical abilities and facilitate the return to work. There is little scientific evidence confirming that FCEs predict an individual's actual capacity to perform in the workplace. ODG recommends FCE prior to admission to a work hardening program with preference for assessments tailored to a specific task or job. FCE is considered if there is prior unsuccessful return to work attempts, and the patient is close to maximum medical improvement. In this case, there is no documentation of attempts to return to work or that the patient is close to the point of maximum medical improvement. Therefore the request for Functional Capacity Evaluation is not medically necessary.

Lumbar spine support: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 301. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Treatment in Workers Compensation (TWC) Low Back Procedure Summary, updated 08/22/2014

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 301.

Decision rationale: As stated on CA MTUS ACOEM Low Back Chapter, lumbar supports have not been shown to have any lasting benefit beyond the acute phase of symptom relief. ODG states that lumbar support such as lumbosacral brace is not recommended for prevention of back pain. It may be recommended as an option for compression fractures and specific treatment of spondylolisthesis, documented instability, and for treatment of nonspecific low back pain. In this case, however, no evidence of spondylolisthesis or spinal instability was documented in the review. Moreover, the request for a back brace as part of the conservative treatment regimen is outside the initial acute phase of injury and not supported by the guidelines. Furthermore, the rationale for the purchase of the brace is not fully documented in the record. The clinical indication for the use of a lumbosacral brace has not been established. Therefore, the request for purchase of lumbosacral brace is not medically necessary.

Continued Tens unit: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines TENS, for chronic pain.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 2 General Approach to Initial Assessment and Documentation, Chapter 12 Low Back Complaints Page(s): 301, 308.

Decision rationale: Criteria for the use of TENS includes chronic intractable pain of at least three months duration when there has evidence that other appropriate pain modalities have been tried (including medication) and failed. A one-month trial period of the TENS unit should be documented (as an adjunct to ongoing treatment modalities within a functional restoration approach) with documentation of how often the unit was used, as well as outcomes in terms of pain relief and function; rental would be preferred over purchase during this trial. Other ongoing pain treatment should also be documented during the trial period including medication usage. A treatment plan including the specific short- and long-term goals of treatment with the TENS unit should be submitted. The request is not reasonable as there is no indication that TENS is to be used as an adjunct to other modalities or that medication has failed. Therefore, Continued Tens unit is not medically necessary.

Psychology consult: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Psychological evaluations.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 310.

Decision rationale: The occupational health practitioner may refer to other specialists if a diagnosis is uncertain or extremely complex, when psychosocial factors are present, or when the plan or course of care may benefit from additional expertise. In addition ACOEM states on the same page a consultation is to aid in the diagnosis, prognosis, therapeutic management, determination of medical stability, and permanent residual and/or the examinee's fitness for return to work. The request is not reasonable as there is no documentation that there has been failure of conservative measures aimed at addressing psychological abnormalities. Therefore, Psychology consult is not medically necessary.