

Case Number:	CM14-0204383		
Date Assigned:	12/12/2014	Date of Injury:	10/20/2011
Decision Date:	02/28/2015	UR Denial Date:	11/06/2014
Priority:	Standard	Application Received:	12/08/2014

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. 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/Service. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

The Expert Reviewer has the following credentials:

State(s) of Licensure: California

Certification(s)/Specialty: Physical Medicine & Rehabilitation

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 patient is a 27 year old male with an injury date of 10/20/11. Based on the progress report dated 10/16/14, the patient complains of pain and tightness in the lumbar spine. Physical examination reveals limited and painful flexion, extension and right lateral bending of the lumbar spine. There are trigger points on the right side of the lumbar spine and the straight leg raise is positive on the same side as well. The patient has completed physical therapy, as per progress report dated 10/16/14. Medications, as per the same progress report, include Norco and Naproxen. The patient has been allowed to return to modified work, as per progress report dated 10/16/14. Diagnoses, 10/16/14: Unspecified thoracic/lumbar neuritis and backache unspecified. The utilization review determination being challenged is dated 11/06/14. Treatment reports were provided from 07/31/14 - 10/16/14.

IMR ISSUES, DECISIONS AND RATIONALES

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

Functional Capacity Evaluation for lumbar spine: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) FCE

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation American College of Occupational and Environmental Medicine (ACOEM), 2nd Edition, (2004) chapter 7, page 137-139, Functional Capacity Evaluation.

Decision rationale: The patient presents with pain and tightness in the lumbar spine, as per progress report dated 10/16/14. The request is for functional capacity evaluation for lumbar spine. MTUS does not discuss functional capacity evaluations. ACOEM chapter 7, page 137-139 states that the "examiner is responsible for determining whether the impairment results in functional limitations... The employer or claim administrator may request functional ability evaluations... may be ordered by the treating or evaluating physician, if the physician feels the information from such testing is crucial." ACOEM further states, "There is little scientific evidence confirming that FCE's predict an individual's actual capacity to perform in the workplace." In this case, the patient has undergone conservative treatment in form of medications and physical therapy but continues to have pain in the lumbar spine. As per progress report dated 10/16/14, the patient has been allowed to return to modified work. The progress reports do not mention a request from the employer or claims administrator. There is no discussion about prior evaluations as well. However, the treater requests for a functional capacity evaluation for the lumbar spine in progress report dated 10/16/14 "prior to P & S." Routine FCE is not supported by the ACOEM. The patient is back to modified work without any issues. The request is not medically necessary.

Nine sessions of Physical Therapy for the spine (3x3): Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Physical Medicine.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Physical medicine Page(s): 98-99.

Decision rationale: The patient presents with pain and tightness in the lumbar spine, as per progress report dated 10/16/14. The request is for nine sessions of physical therapy for the spine (3 x3). MTUS guidelines pages 98 to 99 state that for patients with "myalgia and myositis, 9 to 10 sessions over 8 weeks are allowed, and for neuralgia, neuritis, and radiculitis, 8 to 10 visits over 4 weeks are allowed." In this case, the patient suffers from severe back pain and MTUS allows for up to 10 sessions of physical therapy in such cases. However, in progress report dated 10/16/14, the treater states that the patient has completed PT. The progress reports do not discuss the duration and the extent to the prior therapy. Additionally, there is no documentation of improvement in pain or function due to previous therapy. The treater does not explain the need for additional therapy as well. This request is not medically necessary.