

<b>Case Number:</b>	CM14-0208650		
<b>Date Assigned:</b>	12/22/2014	<b>Date of Injury:</b>	07/26/2014
<b>Decision Date:</b>	02/17/2015	<b>UR Denial Date:</b>	12/05/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	12/12/2014

### 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 Occupational 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:

The applicant is a represented [REDACTED] beneficiary who has filed a claim for low back pain reportedly associated with an industrial injury of July 26, 2014. In a Utilization Review Report dated December 1, 2014, the claims administrator denied a request for a functional capacity evaluation, denied 10 sessions of work hardening, denied work hardening screening evaluation, approved a psychological factor screening evaluation, denied a lumbar support, and denied an interferential stimulator. The claims administrator referenced a November 18, 2014 progress note in its determination. The claims administrator suggested that the applicant was off of work and also suggested that the applicant had completed 24 sessions of physical therapy. The applicant's attorney subsequently appealed. In an RFA form dated November 18, 2014, a functional capacity evaluation, lumbar support, psychosocial factor screening, and work conditioning-work hardening evaluation were sought. In an associated progress note dated November 18, 2014, the applicant reported persistent complaints of mid and low back pain reportedly associated with an industrial lifting injury. The applicant had not worked in some two months, it was stated. The applicant was using naproxen and Soma. The applicant had a history of a previous industrial injury involving the lumbar spine. The applicant was placed off of work, on total temporary disability, while work hardening and work conditioning were endorsed, along with an interferential stimulator device, lumbosacral orthosis, and functional capacity evaluation. The claims administrator did allude to the applicant's having received initial treatment elsewhere, including physical therapy through a previous clinic.

### 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:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation ACOEM Guidelines, Chapter 7 (Independent Medical Examinations and Consultations) Official Disability Guidelines (ODG) Fitness for Duty

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

**Decision rationale:** While the MTUS Guideline in ACOEM Chapter 2, page 21 does acknowledge that functional capacity evaluations can be considered when needed to translate medical impairment into limitations and restrictions and to determine work capability, in this case, however, the applicant was/is off of work, on total temporary disability. It does not appear that the applicant has a job to return to, nor does it appear that the applicant is intent on returning to workplace and/or workforce. It is not clear, thus, why a functional capacity evaluation is being sought in the clinical and/or vocational context present here. Therefore, the request is not medically necessary.

**10 Work Hardening Sessions for the Lumbar Spine and Thoracic Spine: Upheld**

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Work Conditioning, Work Hardening Page(s): 125.

**Decision rationale:** As noted on page 125 of the MTUS Chronic Pain Medical Treatment Guidelines, one of the cardinal criteria for admission into a work hardening program is evidence that an applicant has a clearly defined return to work goal agreed upon by both the applicant and employer. Here, however, the attending provider did not clearly outline whether the applicant had a job to return to and/or whether the applicant was, in fact, intent on returning to the workplace and/or workforce. Therefore, the request is not medically necessary.

**Work Condition/Hardening Screening Evaluation: 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) Work Conditioning (WC) Physical Therapy Guidelines

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Work Conditioning, Work Hardening Page(s): 125.

**Decision rationale:** This is a derivative or companion request, one which accompanies the primary request for a work hardening program. Since that request was deemed not medically necessary in the preceding question on the grounds that it was not clearly established whether the

applicant had a job to return to, the derivative or companion request for a work conditioning/work hardening screening evaluation is likewise not medically necessary.

**Apollo Lumbar Sacral Orthosis (LSO): Upheld**

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 298.

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

**Decision rationale:** As noted in the MTUS Guideline in ACOEM Chapter 12, page 301, lumbar supports are not recommended outside of the acute phase of symptom relief. Here, the applicant was/is quite clearly, well outside of the acute phase of symptom relief as of the date of the request, November 26, 2014. Introduction of a lumbar support was not indicated at this relatively late stage in the course of the claim, several months removed from the date of injury. Therefore, the request is not medically necessary.

**Multi-Interferential Stimulator (1 month rental): Upheld**

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Interferential Current Stimulation Page(s): 120.

**Decision rationale:** As noted on page 128 of the MTUS Chronic Pain Medical Treatment Guidelines, a one-month trial of an interferential stimulator treatment may be employed in applicants in whom pain is ineffectively controlled due to diminished medication efficacy, applicants in whom pain is ineffectively controlled owing to medication side effects, applicants who have a history of substance abuse which would prevent provision of analgesic medications, etc. Here, however, there was no mention of the applicant's intolerance to analgesic medications. There was no mention of the applicant's having intolerable adverse effects with analgesic medications. There was no mention of the applicant's having issues with substance abuse which would prevent provision of analgesic medications. Therefore, the request for an interferential stimulator device one-month rental is not medically necessary.