

Case Number:	CM15-0003017		
Date Assigned:	01/14/2015	Date of Injury:	10/14/2013
Decision Date:	03/18/2015	UR Denial Date:	12/23/2014
Priority:	Standard	Application Received:	01/07/2015

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, Indiana, New York
Certification(s)/Specialty: Internal Medicine

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 (IW) is a 52 year old male, who sustained an industrial injury on October 14, 2013. He has reported pain in the back with associated soreness and stiffness and was diagnosed with cervicalgia and lumbago. Treatment to date has included radiographic imaging, diagnostic studies, lumbar laminectomy, physical therapy, medications and treatment modalities. Currently, the Injured Worker complains of pain in the back with associated soreness and stiffness. The Injured Worker was noted to have undergone lumbar surgery on October 24, 2013, and a rehabilitative program. On evaluation on January 30, 2014, he reported stiffness and soreness. The plan was to continue the rehabilitative program and to advance as tolerated. He continued physical therapy. On March 28, 2013, the Injured Worker was noted to be definitely feeling better and to have made a great deal of progress however he still reports pain in the low back. He was placed on light duty as a work status. On April 4, 2013, the physical therapy continued. Complaints of increased pain were noted with increased activity and therapy. No functional ability assessment was noted in the documentation. On December 23, 2014, Utilization Review non-certified request for a work capacity evaluation and work hardening, 4 hours for 10 sessions, noting the MTUS, ACOEM Guidelines were cited. On January 7, 2015, the injured worker submitted an application for IMR for review of requested work capacity evaluation and work hardening, 4 hours for 10 sessions.

IMR ISSUES, DECISIONS AND RATIONALES

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

Work Capacity Evaluation: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints, Chronic Pain Treatment Guidelines. Decision based on Non-MTUS Citation Official Disability Guidelines; Work Loss

MAXIMUS guideline: Decision based on MTUS ACOEM Page(s): Chapter 7, Page 137-8.

Decision rationale: Pursuant to the ACOEM, a work capacity evaluation (functional capacity evaluation) is not medically necessary. The guidelines state the examiner is responsible for determining whether the impairment results from functional limitations and to inform the examinee and the employer about the examinee's abilities and limitations. The physician should state whether the work restrictions are based on limited capacity, risk of harm or subjective examinees tolerance for the activity in question. There is little scientific evidence confirming functional capacity evaluations predict an individual's actual capacity to perform in the workplace. For these reasons, it is problematic to rely solely upon functional capacity evaluation results for determination of current work capabilities and restrictions. In this case, the injured worker's working diagnoses are L3-L4 laminectomy with discectomy and decompression, October 24, 2013. The progress note dated April 30, 2014 does not contain documentation by the requesting physician. Prior physical therapy to date included 25 sessions as of April 4, 2014 to the lumbosacral spine. Subjectively, the injured worker complains of a flare-up of back pain just before getting ready to start work conditioning. He has had two sessions. Objectively, there were no focal motor deficits. All dermatomes through S2 were normal. Medications were not listed. The plan/discussion states the injured worker's condition has stabilized and has been a plateau for several weeks and has reached maximum medical improvement. No follow-up is needed. The guidelines indicate there is little scientific evidence confirming functional capacity evaluations to an individual's actual capacity to perform the workplace. The request for authorization lists the diagnosis of cervicalgia. As noted above, the most recent progress note dated April 30, 2014 was not completed by the requesting physician. There is no documentation from the requesting physician stating a clinical indication or rationale for the work capacity evaluation. Consequently, absent clinical documentation with a clinical indication or rationale for a work capacity evaluation (functional capacity evaluation), a work capacity evaluation (functional capacity evaluation) is not medically necessary.

Work Hardening, 4 hour work hardening sessions x10: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints, Chronic Pain Treatment Guidelines. Decision based on Non-MTUS Citation Official Disability Guidelines; Work Loss

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Work hardening Page(s): 125. Decision based on Non-MTUS Citation Pain section, Work hardening, Chronic pain programs

Decision rationale: Pursuant to the Official Disability Guidelines, work hardening sessions #10 is not medically necessary. Work conditioning, work hardening is recommended as an option for treatment of chronic pain syndromes depending on the availability of quality programs. The criteria for admission to work hardening programs are enumerated in the Official Disability Guidelines. They include, but are not limited to, Screening Documentation; Diagnostic Interview with a Mental Health Provider; job Demands-work-related musculoskeletal deficit has been identified with the addition of evidence of physical, functional, behavioral and/or vocational deficits that preclude the ability to safely achieve current job demands; Functional Capacity Evaluations; Previous Physical Therapy; Rule Out Surgery; Healing-physical and medical recovery sufficient to allow for progressive reactivation and participation for a minimum of four hours a day for 3 to 5 days a week; Other Contraindications; Return to Work Plan-a specific detail return to work goal or job plan has been established, communicated and documented. The ideal situation is a plan agreed to by the employer and employee; Drug problems; program Documentation; Treatment Trial is not supported for longer than 1 to 2 weeks without evidence of patient compliance and demonstrated significant gains as demonstrated by objective improvement. In this case, the injured worker's working diagnoses are L3-L4 laminectomy with discectomy and decompression, October 24, 2013. The request for authorization was dated December 16, 2014. However, the most recent progress note in the medical record is dated April 30, 2014. The progress note dated April 30, 2014 does not contain documentation by the requesting physician. Prior physical therapy to date included 25 sessions as of April 4, 2014 to the lumbosacral spine. Subjectively, the injured worker complains of a flare-up of back pain just before getting ready to start work conditioning. He has had two sessions. Objectively, there were no focal motor deficits. All dermatomes L1 through S2 were normal. Medications were not listed. The plan/discussion states the injured worker's condition has stabilized and has been a plateau for several weeks and has reached maximum medical improvement. No follow-up is needed. The documentation from a progress note dated April 30, 2014 (the most recent progress note that coincides with the request for authorization) was not completed by the requesting physician. There is no clinical indication or clinical rationale for work hardening sessions. There are no criteria for admission to a work hardening program in the medical record. There was no screening documentation, no diagnostic interview with a mental health provider, no functional capacity evaluation, no documentation of contraindications, no specific return to work plan with a specific defined return to work goals or job that has been established, and no trial. Consequently, absent clinical documentation supporting a work hardening program and the criteria for admission to the work hardening program along with a clinical rationale/indication by the treating physician, work hardening sessions #10 is not medically necessary.