Case Number:	CM15-0006137		
Date Assigned:	01/15/2015	**Date of Injury:**	02/13/2014
Decision Date:	03/13/2015	**UR Denial Date:**	01/02/2015
Priority:	Standard	**Application Received:**	01/08/2015

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 is a 37 year old male, who sustained an industrial injury on 02/13/2014 He has reported subsequent severe low back and coccyx pain and was diagnosed with lumbar disc displacement, sciatica and sprain of the coccyx. Treatment to date has included oral pain medication, a home exercise program and epidural steroid injections. A 12/17/2014 progress note showed that the injured worker continued to experience moderate to severe pain of the lumbar spine and coccyx. Objective findings showed decreased right S1 deep tendon reflex, positive orthopedic findings of the lumbar spine, painful and restricted range of motion of the lumbar spine and muscle spasm of the lumbar spinal musculature. The physician noted that he was ordering a lumbosacral orthosis to support the lumbar spine and decrease pain and that a functional capacity examination was being ordered to objectively measure improvement in pain, return to work and activities of daily living.On 01/02/2015, Utilization Review non-certified requests for a qualified functional capacity evaluation and DME lumbar support orthosis noting that there is no documentation noting recent unsuccessful return to work attempts and that guidelines do not recommend the use of lumbar supports. ACOEM and ODG guidelines were cited.

IMR ISSUES, DECISIONS AND RATIONALES

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

A functional capacity 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), Functional Capacity Evaluation Section

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

Decision rationale: Pursuant to the ACOEM practice guidelines, the 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 lumbar disc displacement without myelopathy; sciatica; and sprain of the coccyx. Subjectively, the injured worker complains of low back pain that radiates down the right leg. Objectively, there is tenderness over the bilateral lumbar paraspinal muscle groups from L3, S1 and multifidus. There was one plus spasm and tenderness at the coccyx. Lumbar range of motion was decreased. There was no documentation of lumbar instability. Documentation does not contain evidence the injured worker is close to reaching maximum medical improvement. There is no documentation of recent return to work attempts. The documentation does not state whether work restrictions are based on limited capacity, risk of harm or the 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. Consequently, absent clinical documentation and guideline recommendations to support a functional capacity evaluation, functional capacity evaluation is not medically necessary.

One lumbar support orthosis (specifically Apollo LSO, or an equivalent): Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 300. Decision based on Non-MTUS Citation Low back section, Lumbar supports

Decision rationale: Pursuant to the ACOEM and the Official Disability Guidelines, one lumbar support orthosis (specifically, Apollo LSO or an equivalent) is not medically necessary. The ACOEM states lumbar supports are not shown to have lasting benefit beyond the acute phase of symptom relief. Lumbar supports are not recommended for prevention. There is strong and consistent evidence that lumbar supports were not effective in preventing neck and back pain. In this case, the injured worker's working diagnoses are lumbar disc displacement without myelopathy; sciatica; and sprain of the coccyx. Subjectively, the injured worker complains of

low back pain that radiates down the right leg. Objectively, there is tenderness over the bilateral lumbar paraspinal muscle groups from L3, S1 and multifidus. There was one plus spasm and tenderness at the coccyx. Lumbar range of motion was decreased. There was no documentation of lumbar instability. Lumbar supports are not shown to have lasting benefits beyond the acute phase of symptom relief. Additionally, there is strong and consistent evidence that lumbar supports are not effective in preventing neck and back pain. Consequently, absent clinical documentation to support the lumbar support orthosis, one lumbar support orthosis (specifically Apollo LSO or an equivalent) is not medically necessary.