

Case Number:	CM15-0108716		
Date Assigned:	06/15/2015	Date of Injury:	08/22/2014
Decision Date:	07/14/2015	UR Denial Date:	05/13/2015
Priority:	Standard	Application Received:	06/05/2015

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: Maryland

Certification(s)/Specialty: Physical Medicine & Rehabilitation, Neuromuscular 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 33 year old male who reported an industrial injury on 8/22/2014. His diagnoses, and/or impressions, are noted to include: lumbar disc displacement without myelopathy; and sciatica. No current imaging studies are noted. His treatments have included consultations; diagnostic studies; medication management; home exercise program; and modified work duties. The progress notes of 3/12/2015 reported complaints of constant, severe lumbar spine pain that radiated into both legs, right > left, and was associated with numbness/tingling down to the soles of both feet; these symptoms were stated to be aggravated by activities. The objective findings are noted to include tenderness to the bilateral lumbosacral para-spinal muscles, and decreased range-of-motion; positive Kemps test bilaterally; positive bilateral straight leg raise test; positive Yeoman's bilaterally; positive right "Braggard's" test; and decreased bilateral Achilles reflexes. The physician's requests for treatments were noted to include a functional capacity examination and the purchase of a lumbar support orthosis to stabilize the lumbar spine and promote healing.

IMR ISSUES, DECISIONS AND RATIONALES

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

Functional capacity evaluation (FCE): Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 5 Cornerstones of Disability Prevention and Management Page(s): 91, Chronic Pain Treatment Guidelines Functional improvement measures Page(s): 48. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Fitness For Duty-Functional capacity evaluation (FCE).

Decision rationale: Functional capacity evaluation (FCE) is not medically necessary per the ODG and MTUS Guidelines. The MTUS states that in many cases, physicians can listen to the patient's history, ask questions about activities, and then extrapolate, based on knowledge of the patient and experience with other patients with similar conditions. If a more precise delineation is necessary to of patient capabilities than is available from routine physical examination under some circumstances, this can best be done by ordering a functional capacity evaluation of the patient. The ODG states that if a worker is actively participating in determining the suitability of a particular job, the FCE is more likely to be successful. A FCE is not as effective when the referral is less collaborative and more directive. One should consider an FCE if case management is hampered by complex issues such as prior unsuccessful return to work attempts or if there are conflicting medical reporting on precautions and/or fitness for modified job. An FCE can be considered also if the injuries that require detailed exploration of a worker's abilities. The MTUS states that objective measures of the patient's functional performance in the clinic (e.g., able to lift 10 lbs floor to waist x 5 repetitions) are preferred, but this may include self-report of functional tolerance and can document the patient self-assessment of functional status through the use of questionnaires, pain scales, etc (Oswestry, DASH, VAS, etc). The documentation indicates a clear description of patient's duties as a meat vendor in a 3/12/15 progress notes. The documentation states that the FCE is requested to have a measure that can repeatedly be tested over and over. It is unclear why the provider cannot perform simple recommended objective measures of patient's functional performance in the clinic which is what the MTUS recommends. There are no documents revealing complex work issues that would necessitate an FCE. The request for a functional capacity evaluation is not medically necessary.

Lumbar support orthosis purchase: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints, Chapter 1 Prevention Page(s): 9 and 298, 301.

Decision rationale: Lumbar support orthosis purchase is not medically necessary per the MTUS ACOEM Guidelines. The guidelines state that lumbar supports have not been shown to have any lasting benefit beyond the acute phase of symptom relief. The MTUS guidelines also state that there is no evidence for the effectiveness of lumbar supports in preventing back pain in industry. Furthermore, the guidelines state that the use of back belts as lumbar support should be avoided because they have been shown to have little or no benefit, thereby providing only a false sense of security. The guidelines state that proper lifting techniques and discussion of general conditioning should be emphasized. The documentation submitted does not reveal extenuating reasons to go against guideline recommendations and therefore the request for lumbar support is not medically necessary.