

Case Number:	CM15-0141152		
Date Assigned:	08/10/2015	Date of Injury:	03/12/2010
Decision Date:	09/10/2015	UR Denial Date:	07/09/2015
Priority:	Standard	Application Received:	07/20/2015

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: Texas, New York, California

Certification(s)/Specialty: Preventive Medicine, Occupational 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 applicant is a represented 55-year-old who has filed a claim for chronic low back pain reportedly associated with an industrial injury of March 12, 2010. In a Utilization Review report dated July 9, 2015, the claims administrator failed to approve requests for a follow up visit and a Functional Capacity Evaluation apparently performed on or around March 23, 2011. The applicant's attorney subsequently appealed. On June 8, 2011, the applicant received provocative lumbar diskography, the results of which were not clearly reported. On July 21, 2011, the applicant was placed off of work, on total temporary disability, owing to ongoing complaints of low back pain. On September 20, 2011, the applicant again presented with ongoing complaints of low back pain. On November 9, 2011, the applicant was asked to pursue a lumbar fusion surgery on the grounds that multiple epidural steroid injections had been tried and failed. On October 31, 2011, the applicant was given refills of Norco and Topamax. The applicant was asked to continue naproxen, Zanaflex, and topical Dendracin. The applicant's pain complaints were described as debilitating. The applicant was using Xanax for anxiolytic effect. The applicant's work status was not clearly stated, although it did not appear that the applicant was working.

IMR ISSUES, DECISIONS AND RATIONALES

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

Retrospective review of a follow up visit provided on date of service 03/23/2011: Overturned

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Chronic Pain Disorder Medical Treatment Guidelines, State of Colorado Department of Labor and Employment (Chapter: Chronic Pain Disorder; Section: Therapeutic Procedures, Non-Operative), 4/27/2007, pg. 56.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 5 Cornerstones of Disability Prevention and Management Page(s): 79.

Decision rationale: The retrospective request for a follow up visit was medically necessary, medically appropriate, and indicated here. As noted in the MTUS Guideline in ACOEM Chapter 5, page 79, frequent follow up visits are often warranted even in those applicants whose conditions are not expected to change appreciably from visit to visit or week to week. Here, the applicant was off of work. The applicant was receiving a variety of analgesic and adjuvant medications. The applicant was receiving epidural steroid injections on or around the date in question. Obtaining a follow up visit was, thus, indicated on several levels, including for medication management and/or disability management purposes. Therefore, the request was medically necessary.

Retrospective review of a functional capacity assessment provided on date of service 03/03/2011: 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), Fitness for Duty: Functional capacity evaluation (FCE).

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

Decision rationale: Conversely, the request for a Functional Capacity Evaluation was not medically necessary, medically appropriate, or indicated here. While the MTUS Guideline in ACOEM Chapter 2, page 21 does suggest considering a Functional Capacity Evaluation when necessary to translate medical impairment into limitations and restrictions and to determine work capability, here, however, the applicant was off of work, on total temporary disability, it was acknowledged on multiple dates in 2011. It was not clear why a Functional Capacity Evaluation was performed in the face of the applicant's failure to return to work. It did not appear that the applicant had a job to return to as of the date in question, March 3, 2011. It was not clearly established, in short, why functional capacity testing was performed in the clinical and/or vocational context present here. Therefore, the request was not medically necessary.