

Case Number:	CM15-0148265		
Date Assigned:	08/11/2015	Date of Injury:	12/03/2009
Decision Date:	09/14/2015	UR Denial Date:	07/17/2015
Priority:	Standard	Application Received:	07/30/2015

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 62-year-old who has filed a claim for chronic neck and low back pain reportedly associated with an industrial injury of December 3, 2009. In a Utilization Review report dated July 17, 2015, the claims administrator failed to approve requests for a Functional Capacity Evaluation and TENS unit supplies. The claims administrator referenced a July 2, 2015 progress note in its determination. The applicant's attorney subsequently appealed. On an RFA form dated July 2, 2015, Cymbalta, a Functional Capacity Evaluation, TENS unit patches, and a LidoPro-containing cream were sought. The attending provider acknowledged that the applicant was working but stated that an FCE was needed to objectify the applicant's restrictions. The attending provider did not state whether the applicant was working without restrictions or with restrictions at this point in time. The applicant was attending acupuncture, it was incidentally noted. The applicant was also using Cymbalta and topical LidoPro. Multifocal complaints of neck, mid back, and low back pain were noted. TENS unit patches were furnished. The applicant was asked to consult a psychiatrist. It was reiterated that the applicant was working in several sections of the note.

IMR ISSUES, DECISIONS AND RATIONALES

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

Functional Capacity Evaluation, thoracic/lumbar spine: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Functional restoration programs (FRPs).

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

Decision rationale: No, the request for a Functional Capacity Evaluation for the thoracic and lumbar spines 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 described as having already returned to work as of the July 2, 2015 progress note in question. It was not stated why a Functional Capacity Evaluation was needed in the face of the applicant's already-successful return to regular work. It was not stated whether the applicant in fact had restrictions in place as of that date and/or whether there was a question of the applicant's ability to perform certain workplace tasks or not. A clear rationale for pursuit of the FCE in the face of the applicant's already successful return to work, in short, was not furnished. Therefore, the request was not medically necessary.

TENS patches #2 pairs: Overturned

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines TENS, chronic pain (transcutaneous electrical nerve stimulation).

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Criteria for the use of TENS Page(s): 116.

Decision rationale: Conversely, the request for TENS unit patches was medically necessary, medically appropriate, and indicated here. As noted on page 116 of the MTUS Chronic Pain Medical Treatment Guidelines, usage of a TENS unit and, by implication, provision of associated patches should be predicated on evidence of a favorable outcome during an earlier one-month trial of said TENS unit, with beneficial outcomes present in terms of both pain relief and function. Here, the applicant's successful return to work did constitute prima facie evidence of functional improvement as defined in MTUS 9792.20e with ongoing usage of the TENS unit, as did the fact that the applicant was not apparently using any opioid agents such as July 2, 2015. Continued usage of the TENS unit and, by implication, provision of associated patches was, thus, indicated. Therefore, the request was medically necessary.