

Case Number:	CM15-0190624		
Date Assigned:	10/02/2015	Date of Injury:	04/10/2014
Decision Date:	11/18/2015	UR Denial Date:	09/15/2015
Priority:	Standard	Application Received:	09/28/2015

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

Certification(s)/Specialty: Physical Medicine & Rehabilitation

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 56 year old female, who sustained an industrial injury on 04-10-2014. She has reported injury to the low back. The diagnoses have included low back pain; lumbar stenosis; left sciatica L4-L5, L5-S1 disc protrusions, and status post left L4-5, L5-S1 discectomy. Treatment to date has included medications, diagnostics, activity modifications, ergonomic chair, chiropractic therapy, physical therapy, and surgical intervention. Medications have included Motrin and Ultram. A progress report from the treating provider, dated 09-04-2015, documented an evaluation with the injured worker. The injured worker reported a bad flare; she has back pain that radiates to the left leg and is associated with big toe numbness; she returned to work and worked about half of the days; she missed about 10 of 20 days; she has muscle spasms; she is taking Motrin; and she is also feeling depressed. Objective findings included she has a depressive demeanor; there are positive nerve stretch findings; she is numb in the left leg and numb in the big toe; there is weakness in the extensor hallucis longus, at 4 out of 5; she had a prior discectomy and the surgical scar looks healed; there is paravertebral muscle spasm; she can walk on her toes; she has some difficulty with heel walking; and she has an antalgic gait. The provider indicated that her prior surgery was about ten months ago, and an MRI scan and electrical studies will be ordered to rule out recurrent disc. The treatment plan has included the request for FCE (functional capacity evaluation) evaluation; and MRI of the lumbar spine. The original utilization review, dated 09-15-2015, non-certified the request for FCE (functional capacity evaluation) evaluation; and MRI of the lumbar spine.

IMR ISSUES, DECISIONS AND RATIONALES

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

FCE Evaluation: Upheld

Claims Administrator guideline: Decision based on MTUS Low Back Complaints 2004.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Fitness for Duty chapter, under Functional capacity evaluation (FCE) and Other Medical Treatment Guidelines ACOEM Guidelines, Lower Back Complaints, Chapter 7 page 137.

Decision rationale: The patient presents on 09/04/15 with lower back pain which radiates into the left lower extremity, and associated numbness in the left big toe. The patient's date of injury is 04/10/14. Patient is status post lumbar discectomy at L4-5 and L5-S1 levels in December 2014. The request is for FCE Evaluation. The RFA is dated 09/10/15. Physical examination dated 09/04/15 reveals positive nerve stretch findings, numbness in the left lower extremity and left big toe, with weakness noted in the extremity. The patient is currently prescribed Ultram. Patient is currently not working. MTUS/ACOEM Guidelines, Lower Back Complaints, Chapter 7 page 137 states, "The examiner is responsible for determining whether the impairment results in functional limitations." The employer or claim administrator may request functional ability evaluations. "There is no significant evidence to confirm that FCEs predict an individual's actual capacity to perform in a workplace." ODG Fitness for Duty chapter, under Functional capacity evaluation (FCE) states: "Recommended prior to admission to a Work Hardening (WH) Program, with preference for assessments tailored to a specific task or job. Not recommend routine use as part of occupational rehab or screening, or generic assessments in which the question is whether someone can do any type of job generally." In regard to the request for a functional capacity evaluation, this patient does not meet guideline criteria for such an evaluation. ACOEM and ODG do not support functional capacity evaluations solely to predict an individual's work capacity, unless the information obtained is crucial or requested by the adjuster/employer. The treating physician's assessments of the patient's limitations are as good as what can be obtained via a formal FCE, and there is no indication that this assessment is requested by this patient's employer. Therefore, the request is not medically necessary.

MRI of the lumbar spine: Overturned

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG).

MAXIMUS guideline: Decision based on MTUS Low Back Complaints 2004, Section(s): Special Studies. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Low back chapter, under MRIs (magnetic resonance imaging) (L-spine).

Decision rationale: The patient presents on 09/04/15 with lower back pain which radiates into the left lower extremity, and associated numbness in the left big toe. The patient's date of injury is 04/10/14. Patient is status post lumbar discectomy at L4-5 and L5-S1 levels in December

2014. The request is for MRI of the lumbar spine. The RFA is dated 09/10/15. Physical examination dated 09/04/15 reveals positive nerve stretch findings, numbness in the left lower extremity and left big toe, with weakness noted in the extremity. The patient is currently prescribed Ultram. Patient is currently not working. MTUS/ACOEM Guidelines, Low Back Complaints, Chapter 12, page 303 states: "Unequivocal objective findings that identify specific nerve compromise on the neurologic examination are sufficient evidence to warrant imaging in patients who do not respond to treatment and who would consider surgery an option." Official Disability Guidelines, Low back chapter, under MRIs (magnetic resonance imaging) (L-spine) has the following: Indications for imaging, Magnetic resonance imaging: Uncomplicated low back pain, with radiculopathy, after at least 1 month conservative therapy, sooner if severe or progressive neurologic deficit. Repeat MRI is not routinely recommended, and should be reserved for a significant change in symptoms and/or findings suggestive of significant pathology (e.g., tumor, infection, fracture, neurocompression, recurrent disc herniation). In regard to the request for a post-surgical MRI of the lumbar spine, the request is appropriate. Per progress note dated 09/04/15, the patient presents 10 months post-operatively following an L5-S1 and L4-5 discectomy with gradually worsening radiculopathy and numbness in the left lower extremity. The provider indicates that this patient's left greater toe is completely numb in addition to diffuse numbness in the left lower extremity, and is requesting an MRI to rule out recurrent disc pathology. Given this patient's current presentation, surgical history, the lack of post-operative imaging, a repeat MRI is an appropriate measure to determine any recurrent disc protrusion. Therefore, the request is medically necessary.