

<b>Case Number:</b>	CM15-0196107		
<b>Date Assigned:</b>	10/09/2015	<b>Date of Injury:</b>	06/06/2015
<b>Decision Date:</b>	11/18/2015	<b>UR Denial Date:</b>	09/24/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	10/05/2015

### 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 56 year old female who sustained an industrial injury on 06-06-2015. A review of the medical records indicated that the injured worker is undergoing treatment for lumbar disc displacement without myelopathy, thoracic sprain and strain and right shoulder rotator cuff sprain and strain. According to the treating physician's progress report on 09-14-2015, the injured worker continues to experience mid, low back and right shoulder pain. The examination of the thoracic spine demonstrated plus 3 spasm and tenderness to the paraspinal muscles from T5-T10. Examination of the lumbar spine demonstrated plus 3 spasm and tenderness to the bilateral lumbar paravertebral muscles from L1-S1. Kemp's and Yeoman's tests were positive bilaterally. The right shoulder noted plus 1 spasm and tenderness to the right rotator cuff and right upper shoulder muscles with positive Speeds test on the right. An official report of a lumbar spine magnetic resonance imaging (MRI) performed on 08-27-2015 was included in the review. Prior treatments have included acupuncture therapy (6 sessions), physical therapy (completed 12 as of 08-10-2015) and medications. Current medications were listed as Tylenol #3 and topical analgesics. The injured worker is on temporary total disability (TTD). Treatment plan consists of magnetic resonance imaging (MRI) 3D of the right shoulder and the current request for work hardening-conditioning evaluation and 10 visits, Functional Capacity Evaluation (FCE) and psychological screening. On 09-24-2015 the Utilization Review determined the requests for work hardening-conditioning evaluation (10 visits), Functional Capacity Evaluation (FCE) and psychological screening were not medically necessary.

## IMR ISSUES, DECISIONS AND RATIONALES

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

**Work hardening/conditioning evaluation and 10 visits:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Work conditioning, work hardening.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Work conditioning, work hardening.

**Decision rationale:** Work hardening/conditioning evaluation and 10 visits is not medically necessary per the MTUS Guidelines. The MTUS states that the patient should not a candidate where surgery or other treatments would clearly be warranted to improve function. There should be a defined return to work goal agreed to by the employer & employee. The documentation is not clear on a defined return to work goal. The documentation is not clear that the patient has completed all conservative treatment prior to participating in a work hardening program. There is no discussion of treatment plan based on lumbar MRI report from 8/27/15. The request for work hardening is not medically necessary.

**Functional capacity evaluation:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Medical Treatment 2009. Decision based on Non-MTUS Citation ACOEM Chapter 7 Independent Medical Examinations and Consultations, page 138.

**MAXIMUS guideline:** Decision based on MTUS General Approaches 2004, Section(s): Cornerstones of Disability Prevention and Management. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Fitness For Duty- Functional capacity evaluation (FCE).

**Decision rationale:** Functional capacity evaluation 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 ODG states that timing is important and that the patient should be lose or at MMI/all key medical reports secured. Furthermore, additional/secondary conditions should be clarified. There are no documents revealing complex work issues. It is unclear why the patient needs an FCE. The patient is not described to be close to MMI. There is no discussion of treatment plan based

on the lumbar MRI results which were not discussed in the documentation. The request for a functional capacity evaluation QTY #1 is not medically necessary.

**Psychosocial screening:** Upheld

**Claims Administrator guideline:** Decision based on MTUS General Approaches 2004, Section(s): General Approach to Initial Assessment and Documentation.

**MAXIMUS guideline:** Decision based on MTUS General Approaches 2004, Section(s): Cornerstones of Disability Prevention and Management.

**Decision rationale:** Psychosocial screening is not medically necessary per the MTUS. The MTUS states that referral may be appropriate if the practitioner is uncomfortable with the line of inquiry outlined above, with treating a particular cause of delayed recovery (such as substance abuse), or has difficulty obtaining information or agreement to a treatment plan. Depending on the issue involved, it often is helpful to "position" a behavioral health evaluation as a return-to-work evaluation. The goal of such an evaluation is, in fact, functional recovery and return to work. The documentation does not reveal evidence of psychosocial issues documented that would necessitate this screening. Without a clear rationale for this request it is not medically necessary.