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| <b>Case Number:</b>   | CM15-0213580 |                              |            |
| <b>Date Assigned:</b> | 11/03/2015   | <b>Date of Injury:</b>       | 02/14/2014 |
| <b>Decision Date:</b> | 12/14/2015   | <b>UR Denial Date:</b>       | 10/29/2015 |
| <b>Priority:</b>      | Standard     | <b>Application Received:</b> | 10/30/2015 |

### 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: California, South Carolina

Certification(s)/Specialty: Preventive Medicine, Occupational Medicine, Family Practice

### 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 36 year old male who sustained an industrial injury on 02/14/2014. Medical records indicated the worker was treated for low back pain with radiculopathy. In provider notes of 06-11-2015, the worker is status post L4-5 and L5-S1 left sided microdiscectomy, hemilaminectomy, and decompression for a herniated nucleus pulposus and radiculopathy (11-12-2014). He reports continued intermittent moderate low back pain with radicular complaints. Gabapentin somewhat relieves his pain. The worker states he gets 50% pain relief with increased range of motion from aquatic therapy. Objective findings show increased tone and tenderness about the paralumbar musculature with tenderness and spasm at the midline thoraco lumbar junction and over the level of the L5-S1 facet and right greater sciatic notch. Patellar and Achilles DTRs are 1 on the right and absent on the left. He had completed 6 out of 8 sessions physical therapy. There are no physical therapy documentation notes, but the exam notes from 04-22-2015 and 06-11-2015 show no interval change in sensory, reflexes, and strength. There is no notation of physical therapy gains or initiation of a home exercise program. A request for authorization was submitted for physical therapy for the lumbar spine, twice a week for four weeks, and a functional capacity evaluation. A Utilization Review decision 10-29-2015 denied both requests.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Physical Therapy for the lumbar spine, twice a week for four weeks:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Physical Medicine.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Physical Medicine.

**Decision rationale:** According to the CA MTUS guideline cited, physical medicine for myalgia is 9-10 visits over 8 weeks, while neuralgia is 8-10 visits over 4 weeks. In all cases, injured workers are instructed and expected to continue active therapies at home to maintain improvement levels. In the case of this injured worker, physical medicine may be a reasonable treatment option for his diagnoses, and the requested 8 visits are within guidelines. However, per the treating provider notes through 10-15-2015, he had undergone 6 of 8 physical therapy visits that had improved his symptoms, but there was no documented objective improvement. Therefore, the request for physical therapy for the lumbar spine, twice a week for four weeks, as an outpatient is not medically necessary.

**Functional Capacity Evaluation:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Physical Medicine.

**MAXIMUS guideline:** Decision based on MTUS General Approaches 2004, Section(s): General Approach to Initial Assessment and Documentation. Decision based on Non-MTUS Citation ODG, Fitness For Duty, Functional capacity evaluation (FCE) and Other Medical Treatment Guidelines ACOEM, ch 5, Disability pg 80-81.

**Decision rationale:** Per the ACOEM guidelines cited, a functional capacity evaluation (FCE) can be used to better understand and document the injured workers (IW) disabling medical condition, and may be necessary to translate medical impairment into functional limitations for determining work capability. However, determining limitations is not really a medical issue, but more an independent assessment of what the IW is currently able and unable to do. Under some circumstances, the FCE can provide guidance as to whether the worker has the ability to stay at work or return to work. According to the ODG, a FCE is recommended prior to admission into a Work Hardening (WH) Program, and is not recommend for routine use as part of occupational rehab, screening, or generic assessment, in which the question is whether the IW can do any job. FCEs can be considered when injuries require detailed exploration of the IWs abilities and they are close to maximal medical improvement. Based on the available treating physician's notes, the IW is currently working with restrictions; however, it is not clear if the IW is at maximal medical improvement. Therefore, based on the guidelines cited, the request for a functional capacity evaluation is not medically necessary.