

Case Number:	CM15-0215527		
Date Assigned:	11/05/2015	Date of Injury:	06/30/2011
Decision Date:	12/16/2015	UR Denial Date:	09/30/2015
Priority:	Standard	Application Received:	11/02/2015

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: Massachusetts

Certification(s)/Specialty: Physical Medicine & Rehabilitation, Pain Management

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 44 year old male, who sustained an industrial injury on 06-30-2011. He has reported injury to the low back. The diagnoses have included lumbar strain; lumbar disc displacement-herniation; status post lumbar laminectomy, failed back; facet joint syndrome; intractable pain; major depressive disorder. Treatment to date has included medications, diagnostics, activity modification, injections, physical therapy, cognitive therapy, and surgical intervention. Medications have included Dilaudid, Norco, Gabapentin, and Flexeril. A progress report from the treating physician, dated 06-04-2015, documented a follow-up visit with the injured worker. The injured worker reported that he is "not doing well"; he is seeing pain management; and he is still symptomatic. Objective findings included he cannot sit on his right side; he cannot rest the buttock on the chair; he is sitting side-ways; he walked slowly; he pushed up from the sitting position; there is very restricted motion; and straight leg is positive. The treatment plan has included the request for functional capacity evaluation; and functional capacity restoration. The original utilization review, dated 09-30-2015, non-certified the request for functional capacity evaluation; and functional capacity restoration.

IMR ISSUES, DECISIONS AND RATIONALES

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

Functional capacity evaluation: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Fitness for Duty Procedure Summary - Functional capacity evaluation (FCE).

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, Functional capacity evaluation (FCE) and Other Medical Treatment Guidelines American College of Occupational and Environmental Medicine (ACOEM), 2nd Edition, (2004) Chapter 7, p63-64.

Decision rationale: The claimant sustained a work injury in June 2011 when he injured his low back while moving a box. He had lumbar spine surgery in January 2012, July 2012, and he underwent a third surgery in July 2013. He continues to be treated for chronic pain including a diagnosis of failed back surgery syndrome. Treatments have included medications, injections, and a spinal cord stimulator trial is being recommended. Medications include Norco and Embeda. He is currently receiving cognitive behavioral therapy treatments for recurrent major depressive disorder and in August 2015 sertraline was recommended. When seen in August 2015 he was having back and leg pain. Physical examination findings included decreased lumbar spine range of motion. He had muscle spasms. There was decreased right lower extremity sensation with positive straight leg raising. He was continued at temporary total disability. A Functional Capacity Evaluation is an option for select patients with chronic pain when a physician thinks the information might be helpful to attempt to objectify worker capability with respect to either a specific job or general job requirements. In this case, there is no return to work plan. A Work Hardening program is not being considered. A functional capacity evaluation is not medically necessary.

Functional capacity restoration: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Functional restoration programs (FRPs).

MAXIMUS guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Chronic pain programs (functional restoration programs).

Decision rationale: The claimant sustained a work injury in June 2011 when he injured his low back while moving a box. He had lumbar spine surgery in January 2012, July 2012, and he underwent a third surgery in July 2013. He continues to be treated for chronic pain including a diagnosis of failed back surgery syndrome. Treatments have included medications, injections, and a spinal cord stimulator trial is being recommended. Medications include Norco and Embeda. He is currently receiving cognitive behavioral therapy treatments for recurrent major depressive disorder and in August 2015 sertraline was recommended. When seen in August 2015 he was having back and leg pain. Physical examination findings included decreased lumbar spine range of motion. He had muscle spasms. There was decreased right lower extremity sensation with positive straight leg raising. He was continued at temporary total disability. In terms of a functional restoration program, criteria include that the patient has a significant loss of

the ability to function independently due to chronic pain, previous methods of treating chronic pain have been unsuccessful, and that there is an absence of other options likely to result in significant clinical improvement. In this case, the claimant has ongoing severe depression which is being actively treated and antidepressant medication is being recommended. He has not failed conservative treatment for his depression which would be expected to improve his condition. Severe depression would be expected to preclude effective participation in a functional restoration program. A functional restoration program is not medically necessary at this time.