

Case Number:	CM15-0217172		
Date Assigned:	11/06/2015	Date of Injury:	04/18/2014
Decision Date:	12/18/2015	UR Denial Date:	10/06/2015
Priority:	Standard	Application Received:	11/04/2015

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, Indiana, New
York Certification(s)/Specialty: Internal 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 36 year old male who sustained an industrial injury on 4-18-14. The injured worker reported back pain. A review of the medical records indicates that the injured worker is undergoing treatments for post-laminectomy syndrome lumbar region, thoracic-lumbar neuritis radiculitis. Medical records dated 8-26-15 indicate pain rated at 8 out of 10. Medical records dated 9-28-15 indicate burning, sharp, stabbing pain rated at 3 to 7 out of 10. Provider documentation dated 9-28-15 noted the work status as permanent and stationary. Treatment has included lumbar spine magnetic resonance imaging, Trazodone since at least May of 2015, Naproxen since at least May of 2015, physical therapy, Norco, Tylenol with Codeine, exercise, status post back surgery. Objective findings dated 9-28-15 were notable for an antalgic gait, hypoesthesia of left lower extremity, lumbar extension reduces, positive left sided straight leg raise with gluteal pain, tenderness to palpation to the left buttock. The original utilization review (10-6-15) denied a request for Functional capacity evaluation and Lumbar supports (LSO) (Use OCCM).

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.

MAXIMUS guideline: Decision based on MTUS Low Back Complaints 2004,
Section(s): Work-Relatedness, Activity, Work.

Decision rationale: Pursuant to the ACOEM, functional capacity evaluation is not medically necessary. The guidelines state the examiner is responsible for determining whether the impairment results from functional limitations and to inform the examinee and the employer about the examinee's abilities and limitations. The physician should state whether work restrictions are based on limited capacity, risk of harm or subjective examinees tolerance for the activity in question. There is little scientific evidence confirming functional capacity evaluations to predict an individual's actual capacity to perform in the workplace. For these reasons it is problematic to rely solely upon functional capacity evaluation results for determination of current work capabilities and restrictions. The guidelines indicate functional capacity evaluations are recommended to translate medical impairment into functional limitations and determine work capability. Guideline criteria functional capacity evaluations include prior unsuccessful return to work attempts, conflicting medical reporting on precautions and/or fitness for modify job, the patient is close to maximum medical improvement, and clarification any additional secondary conditions. FCEs are not indicated when the sole purpose is to determine the worker's effort for compliance with the worker has returned to work and an ergonomic assessment has not been arranged. In this case, the injured worker's working diagnoses are post laminectomy syndrome lumbar region; unspecified thoracic /lumbar neuritis/radiculitis. Date of injury is April 18, 2014. Request for authorization is September 29, 2015. According to a July 6, 2015 progress note, the injured worker exercises at the gym and is involved in aerobic workouts. According to a September 28, 2015 progress note, the injured worker underwent lumbar decompression surgery at L4-L5 and L5-S1 January 2015. The surgery resulted in little benefit. The injured worker has ongoing pain. Subjectively, the injured worker complains of low back pain and pain in the left gluteal fossa. Pain score is 7/10. The injured worker takes Norco five tablets per day. Objectively, there is lumbar decreased range of motion, positive straight leg raising and tenderness over the paraspinal muscles and gluteal region. Neurologic evaluation is grossly normal. There is no clinical rationale for the functional capacity evaluation. There is little scientific evidence confirming functional capacity evaluations to predict an individual's actual capacity to perform in the workplace. For these reasons it is problematic to rely solely upon functional capacity evaluation results for determination of current work capabilities and restrictions. Based on the clinical information in the medical record, the peer-reviewed evidence based guidelines and guideline non-recommendations for a functional capacity evaluation, the request for a functional capacity evaluation is not medically necessary.

Lumbar supports (LSO) (Use OCCM): Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines http://www.odgtwc.com/odgtwc/low_back.htm.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Low back section, Lumbar supports.

Decision rationale: Pursuant to the ACOEM and the Official Disability Guidelines, lumbar support (LSO) (use OCCM) is not medically necessary. Lumbar supports have not been shown to have lasting effect beyond the acute phase of symptom relief. Lumbar supports are not recommended or prevention. There is strong and consistent evidence that lumbar supports were not effective in preventing neck and back pain. Additionally, lumbar supports to not prevent low back pain. In this case, the injured worker's working diagnoses are post laminectomy syndrome lumbar region; unspecified thoracic /lumbar neuritis/radiculitis. Date of injury is April 18, 2014. Request for authorization is September 29, 2015. According to a July 6, 2015 progress note, the injured worker exercises at the gym and is involved in aerobic workouts. According to a September 28, 2015 progress note, the injured worker underwent lumbar decompression surgery at L4-L5 and L5-S1 January 2015. The surgery resulted in little benefit. The injured worker has ongoing pain. Subjectively, the injured worker complains of low back pain and pain in the left gluteal fossa. Pain score is 7/10. The injured worker takes Norco five tablets per day. Objectively, there is lumbar decreased range of motion, positive straight leg raising and tenderness over the paraspinal muscles and gluteal region. Neurologic evaluation is grossly normal. Lumbar supports have not been shown to have lasting effect beyond the acute phase of symptom relief. Lumbar supports are not recommended or prevention. The injured worker is in the chronic phase of recovery. There is no clinical indication or rationale for a lumbar support. Based on clinical information in the medical record and the peer-reviewed evidence based guidelines, lumbar support (LSO) (use OCCM) is not medically necessary.