

<b>Case Number:</b>	CM15-0032369		
<b>Date Assigned:</b>	02/25/2015	<b>Date of Injury:</b>	05/12/2014
<b>Decision Date:</b>	04/22/2015	<b>UR Denial Date:</b>	02/03/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	02/20/2015

### 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: 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 65 year old male, who sustained an industrial injury on My 12, 2014. He has reported lower back pain radiating to the left leg, left knee pain, left ankle pain, and left foot pain. The diagnoses have included lumbar spine disc displacement with radiculopathy, lumbar spine myalgia/myositis, lumbar spine stenosis, lumbar spine facet syndrome, knee sprain/strain, lumbar spine sprain/strain, ankle sprain/strain, foot sprain/strain, and insomnia. Treatment to date has included medications, chiropractic treatments, trigger point injections, and imaging studies. A progress note dated January 7, 2015 indicates a chief complaint of continued lower back pain radiating to the left leg, left knee pain, left ankle pain, and left foot pain. Physical examination showed a guarded gait, tenderness to palpation of the lumbar spine with myospasms and trigger points, decreased range of motion of the lumbar spine, left knee tenderness and decreased range of motion, and left ankle tenderness and decreased range of motion. The treating physician is requesting a functional capacity evaluation. On February 3, 2015 Utilization Review denied the request citing the American College of Occupational and Environmental Medicine Guidelines. On February 20, 2015, the injured worker submitted an application for IMR of a request for a functional capacity evaluation.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Functional capacity evaluation per 01/07/15 exam note: Upheld**

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation ACOEM Practice Guidelines, 2nd Edition (2004), Chapter 7) pages 132-139.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines chronic pain programs Page(s): 30.

**Decision rationale:** According to guidelines - As noted, one of the criticisms of interdisciplinary/multidisciplinary rehabilitation programs is the lack of an appropriate screening tool to help to determine who will most benefit from this treatment. Retrospective research has examined decreased rates of completion of functional restoration programs, and there is ongoing research to evaluate screening tools prior to entry. The following variables have been found to be negative predictors of efficacy of treatment with the programs as well as negative predictors of completion of the programs: (1) a negative relationship with the employer/supervisor; (2) poor work adjustment and satisfaction; (3) a negative outlook about future employment; (4) high levels of psychosocial distress (higher pretreatment levels of depression, pain and disability); (5) involvement in financial disability disputes; (6) greater rates of smoking; (7) duration of pre-referral disability time; (8) prevalence of opioid use; and (9) pretreatment levels of pain. According to patients medical records there is a negative outlook for future employment as well as psychosocial distress and prevalence of opioid use which would make a multidisciplinary functional program not medically necessary.