

Case Number:	CM15-0036442		
Date Assigned:	03/04/2015	Date of Injury:	03/17/2014
Decision Date:	04/23/2015	UR Denial Date:	02/02/2015
Priority:	Standard	Application Received:	02/26/2015

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, District of Columbia, Maryland
 Certification(s)/Specialty: Anesthesiology, 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 39 year old female who sustained an industrial injury on 03/17/2014. Diagnoses include lumbosacral neuritis or radiculitis, sciatica, sprains and strains of the sacroiliac ligament, chronic low back pain-non-specific lumbar or lumbosacral disc degeneration. Treatment to date has included medications, physical therapy, and home exercise program. A physician progress note dated 01/15/2015 documents the injured worker has continued low back pain. His pain is rated 8 out of 10. Pain is relieved by sitting, heat and ice. He feels his pain has gotten worse since his last visit. Pain is described as sharp, and burning. Trigger points palpated in the gluteus maximus, gluteus medius and quadratus lumborum bilaterally. There is paresthesia to light touch noted in the lateral right leg. S1 joint compression test is positive. Magnetic Resonance Imaging done on 3/31/2014 revealed L5-S1 show a 2-4mm disc protrusion with potential for impingement of the S1 nerve root. Treatment requested is for Functional Capacity Evaluation, and Functional Restoration Evaluation. On 02/02/2015 Utilization Review non-certified the request for Functional Capacity Evaluation and cited was CA MTUS and Official Disability Guidelines. The request for Functional Restoration Evaluation was non-certified and cited was CA MTUS.

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 Treatment Guidelines. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG).

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.

Decision rationale: The official disability guidelines indicates that the criteria for a functional capacity evaluation includes documentation of failed to return to work attempts or that the injured employees at or near maximum medical improvement. The most recent progress note dated January 15, 2015 does not indicate that the injured employee has either of these issues. As such, this request for a functional capacity evaluation is not medically necessary at this time.

Functional Restoration Evaluation: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Chronic Pain Programs, Functional Restoration Programs.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Chronic Pain Programs Page(s): 30 - 32.

Decision rationale: To be indicated, an evaluation for appropriateness for an FRP requires the IW to meet the criteria for medical necessity for an FRP. With regard to chronic pain programs, MTUS CPMTG states "Recommended where there is access to programs with proven successful outcomes, for patients with conditions that put them at risk of delayed recovery. Patients should also be motivated to improve and return to work, and meet the patient selection criteria outlined below." The criteria for the general use of multidisciplinary pain management programs are as follows: "(1) An adequate and thorough evaluation has been made, including baseline functional testing so follow-up with the same test can note functional improvement; (2) Previous methods of treating chronic pain have been unsuccessful and there is an absence of other options likely to result in significant clinical improvement; (3) The patient has a significant loss of ability to function independently resulting from the chronic pain; (4) The patient is not a candidate where surgery or other treatments would clearly be warranted (if a goal of treatment is to prevent or avoid controversial or optional surgery, a trial of 10 visits may be implemented to assess whether surgery may be avoided); (5) The patient exhibits motivation to change, and is willing to forgo secondary gains, including disability payments to effect this change; & (6) Negative predictors of success above have been addressed." As the documentation submitted does not cover all of the aforementioned 6 criteria sufficiently, the request is not medically necessary.