

Case Number:	CM15-0047430		
Date Assigned:	03/19/2015	Date of Injury:	09/03/2011
Decision Date:	04/24/2015	UR Denial Date:	03/03/2015
Priority:	Standard	Application Received:	03/12/2015

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: 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 62 year old male, who sustained an industrial injury on 9/3/2011. He reported low back pain, right leg pain and neck pain after lifting tiles. The injured worker was diagnosed as having cervicgia/neck pain, lower back pain, upper/lower extremity pain, lumbosacral or thoracic neuritis or radiculitis and myofascial pain. Treatment to date has included Transcutaneous Electrical Nerve Stimulation (TENS) and medication. According to the Primary Treating Physician's Progress Report dated 2/18/2015, the injured worker complained of low back pain with radiation to the lower extremities, right greater than left pain to toe, along with numbness and tingling. He complained of neck pain that radiated to the upper extremities right greater than left. It was noted that the injured worker started Gabapentin with good results. There was no physical exam documented. The treatment plan was to request flexion/extension x-rays to rule out instability, a functional capacity evaluation (FCE) to objectively evaluate restrictions and electromyography (EMG)/nerve conduction velocity (NCV) of the lower extremities.

IMR ISSUES, DECISIONS AND RATIONALES

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

1 Flex/ext X-rays of the Lumbar Spine: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 303.

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 Chapter, Radiographs and Flexion/extension imaging studies.

Decision rationale: Regarding the request for flexion/extension x-rays, CA MTUS does not address the issue. ODG cites that, for spinal instability, they may be a criteria prior to fusion, for example in evaluating symptomatic spondylolisthesis when there is consideration for surgery. Within the documentation available for review, the clinical findings appear to suggest radiculopathy and there is a pending electrodiagnostic study. There is no evidence of clinical or imaging findings suggestive of spondylolisthesis or another condition that would require flexion/extension radiography, and there is no evidence that a fusion is being considered at this point. In the absence of clarity regarding the above issues, the currently requested flexion/extension x-rays are not medically necessary.

1 Functional Capacity Evaluation: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Functional capacity evaluation (FCE).

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 1 Prevention Page(s): 12. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Fitness for Duty Chapter, Functional Capacity Evaluation.

Decision rationale: Regarding request for functional capacity evaluation, Occupational Medicine Practice Guidelines state that there is not good evidence that functional capacity evaluations are correlated with a lower frequency of health complaints or injuries. ODG states that the criteria for the use of a functional capacity evaluation includes case management being hampered by complex issues such as prior unsuccessful return to work attempts, conflicting medical reporting on precautions and/or fitness for modified job, or injuries that require detailed explanation of a worker's abilities. Additionally, guidelines recommend that the patient be close to or at maximum medical improvement with all key medical reports secured and additional/secondary conditions clarified. Within the documentation available for review, there is no indication that the patient is close to or at maximum medical improvement and that case management is being hampered by complex issues as outlined above. In the absence of clarity regarding those issues, the currently requested functional capacity evaluation is not medically necessary.