

Case Number:	CM15-0077939		
Date Assigned:	04/29/2015	Date of Injury:	09/01/2014
Decision Date:	09/21/2015	UR Denial Date:	04/15/2015
Priority:	Standard	Application Received:	04/23/2015

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: Texas, New York, California
 Certification(s)/Specialty: Preventive Medicine, Occupational 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 applicant is a represented [REDACTED] beneficiary who has filed a claim for chronic low back pain (LBP) reportedly associated with an industrial injury of September 1, 2014. In a Utilization Review report dated April 15, 2015, the claims administrator failed to approve requests for functional capacity testing for the lumbar spine, a TENS unit rental, an orthopedic surgery referral, and a pain management referral. The claims administrator referenced an April 6, 2015 progress note in its determination. The applicant's attorney subsequently appealed. On April 1, 2015, the applicant reported ongoing complaints of low back pain, constant, sharp, moderate, with derivative complaints of depression. A TENS unit, electrodiagnostic testing of the lumbar spine, an orthopedic surgery consultation, a Functional Capacity Evaluation, acupuncture, manipulative therapy, and physical therapy were all endorsed while the applicant was placed off of work, on total temporary disability.

IMR ISSUES, DECISIONS AND RATIONALES

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

RTE/FCE tests to the lumbar spine: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 2 General Approach to Initial Assessment and Documentation Page(s): 21, Chronic Pain Treatment Guidelines Work conditioning, work hardening Page(s): 125.

Decision rationale: No, the request for Functional Capacity Evaluation (FCE) testing involving the lumbar spine was not medically necessary, medically appropriate, or indicated here. While the MTUS Guideline in ACOEM Chapter 2, page 21 does suggest considering a functional evaluation when necessary to translate medical impairment into limitations and restrictions and to determine work capability, here, however, the applicant was off of work, on total temporary disability, as of the date of the request, April 1, 2015. It was not clearly stated why a functional capacity testing was sought in the clinical and/or vocational context present here. It did not appear that the applicant had a job to return to as of that point in time. While page 125 of the MTUS Chronic Pain Medical Treatment Guidelines does acknowledge that functional capacity testing can be employed as precursor to enrollment of work hardening program, here, again, there was no mention of the applicant's intent to enroll in a work hardening program on or around the date in question, April 1, 2015. Therefore, the request was not medically necessary.

Rental of TENS unit: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Criteria for the use of TENS Page(s): 116.

Decision rationale: Similarly, the request for a TENS unit rental was likewise not medically necessary, medically appropriate, or indicated here. While page 116 of the MTUS Chronic Pain Medical Treatment Guidelines does acknowledge that a TENS unit can be employed on a one-month trial basis in applicants with chronic intractable pain of greater than three months duration in whom other appropriate pain modalities, including pain medications, have been tried and/or failed, here, however, there was no mention of the applicant's having tried and/or failed first-line oral pharmaceuticals on or around the date in question, April 1, 2015. The attending provider's documentation and commentary on that date were sparse, did not set forth a clear or compelling rationale for the TENS unit in question. Therefore, the request for the TENS unit rental was not medically necessary.

Referral to an orthopedic surgeon: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 306.

Decision rationale: Similarly, the request for a referral to an orthopedic surgeon was likewise not medically necessary, medically appropriate, or indicated here. As noted in the MTUS Guideline in ACOEM Chapter 12, page 306, applicants with low back pain complaints alone, without findings of serious conditions or significant nerve root compromise, rarely benefit from either surgical consultation or surgery. Here, the attending provider's progress note of April 1, 2015 was thinly and sparsely developed. There was no mention of the applicant's having radiographic evidence of a lesion amenable to surgical correction. The attending provider made no mention of the applicant's being a surgical candidate. It was not stated why a consultation with a surgical specialist was sought in the clinical context present here. Therefore, the request was not medically necessary.

Referral to a pain management specialist: Overturned

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Part 1: Introduction Page(s): 1.

Decision rationale: Finally, the request for referral to a pain management specialist was medically necessary, medically appropriate, and indicated here. As noted on page 1 of the MTUS Chronic Pain Medical Treatment Guidelines, the presence of persistent complaints which prove recalcitrant to conservative management should lead the primary treating provider to reconsider the operating diagnosis and determine whether a specialist evaluation is necessary. Here, the applicant was off of work, on total temporary disability, on or around the date in question. Obtaining the added expertise of a practitioner in another specialty, such as pain management, was, thus, indicated in light of the applicant's seemingly poor response to earlier treatments. Therefore, the request was medically necessary.