

<b>Case Number:</b>	CM15-0084524		
<b>Date Assigned:</b>	05/06/2015	<b>Date of Injury:</b>	10/11/2012
<b>Decision Date:</b>	06/05/2015	<b>UR Denial Date:</b>	03/31/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	05/02/2015

### 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: North Carolina

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 53-year-old female patient who sustained an industrial injury on 10/11/2012. The patient reported slipping on uneven ground with resulting low back pain. Previous diagnostic testing includes: magnetic resonance imaging study, electric nerve conduction study, radiography. An initial pain management evaluation dated 10/10/2014 reported the patient's chief complaint of low back pain. She had current subjective complaint of pain in the lower back. The pain radiates to the lower extremities up to the knees. The pain is described as constant, achy, dull, throbbing, stabbing and sharp pain with an intensity of 6-8 out of 10. She has weakness in the right arm. She states the pain interferes with daily activities and sleep. In addition, at times she feels depressed. She has completed 11 sessions of physical therapy, 15 sessions of acupuncture care, and 12 sessions of chiropractic manipulations with no significant relief in the pain. The patient does have a history of left knee surgery in 2012. She current takes Metformin, Glyburide, Synthroid, Hydrochlorothiazide, Amlodipine, and Atorvastatin. Objective findings showed tenderness over the L4-5 and L5-S1 facet area bilaterally. The following diagnoses are applied: axial lower back pain rule out facet arthropathy versus discogenic pain; annular tear l3-4, also dis bulges, and joint hypertrophy. The plan of care noted: administering a diagnostic facet block. A pain management follow up visit dated 03/12/2015 reported chief complaints of back pain going down the right leg. Treatments attempted are: prescription medications, muscle relaxant, NSAID and Opioid, heat therapy, cold therapy, physical, acupuncture, and chiropractic therapies, and use of a transcutaneous nerve stimulator unit. Current medications are: Citalopram, Glyburide, Hydrochlorothiazide,

Synthroid, and Nesina. She is diagnosed with lumbar radiculopathy; lumbar disc displacement; lumbar degenerative disc disease, and sacroiliac arthropathy, and lumbar spine pain. The plan of care noted recommending a transforaminal lumbar epidural steroid injection, continue with home exercise program, and follow up visit.

### **IMR ISSUES, DECISIONS AND RATIONALES**

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

**Final FCE (Functional Restoration Programs), Lower back: Upheld**

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation ACOEM chapter 7, page 137-138.

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation ODG, functional capacity evaluation.

**Decision rationale:** The California MTUS and the ACOEM do not specifically address functional capacity evaluations. Per the ODG, functional capacity evaluations (FCE) are recommended prior to admission to work hardening programs, with preference for assessments tailored to a specific job. Not recommended as a routine use as part of occupational rehab or screening or generic assessments in which the question is whether someone can do any type of job. Consider FCE 1. Case management is hampered by complex issues such as: a. Prior unsuccessful RTW attempts. b. Conflicting medical reporting on precaution and/or fitness for modified jobs. c. Injuries that require detailed exploration of the worker's abilities. 2. Timing is appropriate. a. Close or at MMI/all key medical reports secured. b. Additional/secondary conditions clarified. There is no indication in the provided documentation of prior failed return to work attempts or conflicting medical reports or injuries that require detailed exploration of the worker's abilities. Therefore, criteria have not been met as set forth by the ODG and the request is not certified. Therefore, the requested treatment is not medically necessary.