

Case Number:	CM14-0115290		
Date Assigned:	09/16/2014	Date of Injury:	11/25/2013
Decision Date:	10/24/2014	UR Denial Date:	07/03/2014
Priority:	Standard	Application Received:	07/21/2014

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. The expert reviewer is Board Certified in Physical Medicine & Rehabilitation has a subspecialty in Pain Medicine and is licensed to practice in Texas and Ohio. 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/services. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

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 49-year-old male who reported an injury on 11/25/2013 due to carrying and stacking cement bricks, he felt a pain in his left inguinal region and lumbar spine. He continued working, thinking the pain was going to subside. With time, his pain increased and his left knee began hurting. The injured worker complained of lower back pain and groin pain, with a diagnosis of lumbar disc displacement with myelopathy, sciatica, and inguinal hernia. Past treatments included a TENS unit, chiropractic therapy, conservative therapy, and medications. The objective findings to the lumbar spine dated 04/16/2014 revealed 2+ spasm and tenderness to the bilateral lumbar paraspinal muscles at the L3-S1. Range of motion by the external goniometer or digital protractor. Kemp's test was positive bilaterally, straight leg raise was positive on the left, Braggard's was positive on the left, Yeoman's was positive bilaterally, the left patellar reflex was decreased, and the L4 dermatome was decreased on the left to light touch. The medications included a topical compound, a muscular pain topical compound, and tramadol. A VAS was not provided. Diagnostics also included an MRI of the thoracic and lumbar region. The treatment plan included a work hardening program or Functional Capacity Evaluation and a urinalysis. The Request for Authorization dated 09/16/2014 was submitted with documentation.

IMR ISSUES, DECISIONS AND RATIONALES

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

10 Work Conditioning/Hardening Program 3 times per week: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines. Decision based on Non-MTUS Citation Official Disability Guidelines: Physical Medicine Guidelines (Work Conditioning)

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Work conditioning, work hardening Page(s): 125.

Decision rationale: The California MTUS Guidelines indicate the criteria for admission into a work hardening program include: (1) Work related musculoskeletal condition with functional limitations precluding ability to safely achieve current job demands, which are in the medium or higher demand level. An FCE may be required showing consistent results with maximal effort, demonstrating capacities below an employer verified physical demands analysis (PDA); (2) After treatment with an adequate trial of physical or occupational therapy with improvement followed by plateau, but not likely to benefit from continued physical or occupational therapy, or general conditioning; (3) Not a candidate where surgery or other treatments would clearly be warranted to improve and function; (4) Physical and medical recovery sufficient to allow for progressive reactivation and participation for a minimum of 4 hours a day for three to five days a week; (5) A defined return to work goal agreed to by the employer & employee: (a) A documented specific job to return to with job demands that exceed abilities, OR (b) Documented on-the-job training; (6) The worker must be able to benefit from the program (functional and psychological limitations that are likely to improve with the program). Approval of these programs should require a screening process that includes file review, interview and testing to determine likelihood of success in the program; (7) The worker must be no more than 2 years past date of injury. Workers that have not returned to work by two years post injury may not benefit; (8) Program timelines: Work Hardening Programs should be completed in 4 weeks consecutively or less; (9) Treatment is not supported for longer than 1-2 weeks without evidence of patient compliance and demonstrated significant gains as documented by subjective and objective gains and measurable improvement in functional abilities; (10) Upon completion of a rehabilitation program (e.g. work hardening, work conditioning, outpatient medical rehabilitation) neither re-enrollment in nor repetition of the same or similar rehabilitation program is medically warranted for the same condition or injury. Medical recovery sufficient to allow for progressive reactivation and participation for a minimum of 4 hours a day for three to five days a week. The documentation lacked the physical and occupational therapy with improvement. The injured worker is not a candidate for surgery; however, documentation indicated that there was a surgical referral being submitted. Documentation of on the job training was not submitted with documentation. The documentation was not evident of a defined return to work goal agreement between the employer and employee. As such, the request is 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 Official Disability Guidelines: Fitness for Duty

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 5 Cornerstones of Disability Prevention and Management Page(s): 77-89.

Decision rationale: The California MTUS/ACOEM states that a Functional Capacity Evaluation may be necessary to obtain a more precise delineation of the injured worker's capabilities. The Official Disability Guidelines further state that a Functional Capacity Evaluation is recommended and may be used prior to admission to a work hardening program with preference for assessment tailored to a specific job or task. Functional Capacity Evaluations are not recommended for routine use. There was as lack of objective findings upon physical examination demonstrating significant functional deficits. The documentation lacked the evidence of how the Functional Capacity Evaluation will aid the provider in the evolving treatment plan or goals. The documentation lacked the efficacy of the prior treatments. As such, the request for 1 functional capacity evaluation is not medically necessary and appropriate.

1 Urine Drug Screen: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Urine Drug Test Page(s): 43.

Decision rationale: The California MTUS guidelines recommend a urine drug test as an option to assess for the use or the presence of illegal drugs. It may also be used in conjunction with a therapeutic trial of Opioids, for on-going management, and as a screening for risk of misuse and addiction. The documentation provided did not indicate the injured worker displayed any aberrant behaviors, drug seeking behavior, or whether the injured worker was suspected of illegal drug use. The last drug screen was performed on 06/18/2014 with no abnormal findings. As such, the request for 1 urine drug screen is not medically necessary and appropriate.