

Case Number:	CM14-0132287		
Date Assigned:	08/22/2014	Date of Injury:	02/18/2014
Decision Date:	10/17/2014	UR Denial Date:	07/16/2014
Priority:	Standard	Application Received:	08/19/2014

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 Family Medicine and is licensed to practice in New Jersey. 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 worker is a 61 year old female who was injured on 2/18/2014 involving lifting a heavy box. She was diagnosed with supraspinatus sprain/strain, neck sprain/strain, cervical stenosis, cervical radiculopathy, thoracic sprain/strain, lumbar sprain/strain, sciatica/lumbar radiculopathy, sacroiliac joint dysfunction, lumbago, anxiety, and insomnia. She was treated with physical therapy, transcutaneous electrical nerve stimulation (TENS) unit, and medications. Without improvement, she was referred to an orthopedic surgeon and a pain management physician who recommended home exercises, TENS unit, gabapentin, muscle relaxants, topical analgesics, chiropractor treatments, and non-steroidal anti-inflammatory drugs (NSAIDs). Due to non-approval, she only continued her home exercises and NSAIDs (over the counter). On 6/30/14, she was recommended a "part-time" lumbar support by her orthopedic physician as well as topical analgesics and chiropractor treatments as she refused oral medications. Later, a request for a functional capacity evaluation and lumbar support brace was submitted for review.

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 ACOEM.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 1 Prevention, Chapter 2 General Approach to Initial Assessment and Documentation Page(s): 12, 21. Decision based on

Non-MTUS Citation Official Disability Guidelines (ODG), Fitness for Duty section, Functional capacity evaluation

Decision rationale: The MTUS Guidelines state that at present, there is not good evidence that functional capacity evaluations (FCE) are correlated with a lower frequency of health complaints or injuries, and that the preplacement examination process will determine whether the employee is capable of performing in a safe manner the tasks identified in the job-task analysis. However, an FCE may be considered. The ODG goes into more detail as to which situations would benefit from an FCE, and how to make a request for such. It states that the healthcare provider requesting an FCE request an assessment for a specific task or job when wanting admission to a Work Hardening (WH) Program. The FCE is more likely to be successful if the worker is actively participating in determining the suitability of a particular job. The FCE may be considered when management is hampered by complex issues such as prior unsuccessful return to work (RTW) attempts, conflicting medical reporting of precautions and/or fitness for modified job, or injuries that require detailed exploration of a worker's abilities. The timing of the request also has to be appropriately close or at maximal medical improvement with all key medical reports secured and additional conditions clarified. The ODG advises that one should not proceed with an FCE if the sole purpose is to determine a worker's effort or compliance, or if the worker has returned to work and an ergonomic assessment has not been arranged. In the case of this worker, she does not seem to have reached maximal medical improvement, according to the notes available for review. Therapies continue to be requested for trial for her. Also, there was no detailed report seen in the documents discussing her work status and duties in order to prepare for an FCE. It seems premature to recommend the FCE at this time and therefore, it is not medically necessary at this time.

Lumbar support.: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 301.

Decision rationale: The MTUS ACOEM Guidelines state that lumbar supports have not been shown to have any lasting benefit beyond the acute phase of symptom relief. The ODG states that lumbar supports are not recommended for prevention, but may be used as an option for treatment for compression fractures, postoperatively (fusion), spondylolisthesis, documented instability, and for nonspecific low back pain (very low quality evidence but may be considered). In the case of this worker, a lumbar support device was recommended for her to use, however, the injury was many months prior to this request, and there was no evidence of having had a surgery that might warrant the short-term use of a lumbar support. Therefore, the lumbar support is not medically necessary.