

Case Number:	CM15-0119485		
Date Assigned:	06/29/2015	Date of Injury:	02/13/2014
Decision Date:	07/29/2015	UR Denial Date:	05/27/2015
Priority:	Standard	Application Received:	06/22/2015

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: Massachusetts

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:

This 38 year old man sustained an industrial injury on 2/13/2014 after falling 10 feet while climbing a tree. The worker received immediate medical care. Evaluations include coccyx x-rays dated 2/13/2014, undated lumbar spine and right hip x-rays, and undated MRIs of the head, neck, and lumbar spine. Diagnoses include lumbar disc displacement without myelopathy, sciatica, and sprain of the coccyx. Treatment has included oral medications and epidural injection. Physician notes dated 12/17/2014 show complaints of lumbar spine pain with radiation down the back of the right leg and coccyx pain. Recommendations include home exercise program, acupuncture, two topical analgesic compounds, pain management consultation, epidural steroid injections, multi interferential stimulator, lumbosacral orthosis, and functional improvement measure through functional capacity evaluation.

IMR ISSUES, DECISIONS AND RATIONALES

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

Qualified Functional Capacity Evaluation: Upheld

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

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation American College of Occupational and Environmental Medicine (ACOEM), 2nd Edition, (2004) Chapter7, p63-64.

Decision rationale: The claimant sustained a work-related injury in February 2014 and continues to be treated for radiating low back and coccyx pain. When seen, there were muscle spasms and tenderness. There was decreased and painful lumbar range of motion. Kemp's and Yeoman's tests were positive bilaterally and straight leg raising was positive on the right. There was a decreased right ankle reflex. Medications were prescribed and acupuncture requested. The claimant was referred for a pain management evaluation. A lumbar orthosis was provided as well as an interferential stimulator. A functional capacity evaluation was requested. A Functional Capacity Evaluation is an option for select patients with chronic pain. However, in this case, the claimant was referred for additional treatments and evaluations. He would not be considered at maximum medical improvement and requesting a Functional Capacity Evaluation was not medically necessary.

Lumbar support orthosis specifically Apollo LSO or equivalent #1 lumbar spine: Upheld

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

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation American College of Occupational and Environmental Medicine (ACOEM), 2nd Edition, (2004) Chapter 12: Low Back Disorders, p138-139.

Decision rationale: The claimant sustained a work-related injury in February 2014 and continues to be treated for radiating low back and coccyx pain. When seen, there were muscle spasms and tenderness. There was decreased and painful lumbar range of motion. Kemp's and Yeoman's tests were positive bilaterally and straight leg raising was positive on the right. There was a decreased right ankle reflex. Medications were prescribed and acupuncture requested. The claimant was referred for a pain management evaluation. A lumbar orthosis was provided as well as an interferential stimulator. A functional capacity evaluation was requested. Guidelines recommend against the use of a lumbar support other than for specific treatment of spondylolisthesis, documented instability, or post-operative treatment. In this case, there is no spinal instability or other condition that would suggest the need for a lumbar orthosis and the claimant has not undergone surgery. Lumbar supports have not been shown to have lasting benefit beyond the acute phase of symptom relief and prolonged use of a support may discourage recommended exercise and activity with possible weakening of the spinal muscles and a potential worsening of the spinal condition. The requested lumbar support was not medically necessary.