

Case Number:	CM15-0028156		
Date Assigned:	02/20/2015	Date of Injury:	12/02/2013
Decision Date:	04/02/2015	UR Denial Date:	01/15/2015
Priority:	Standard	Application Received:	02/13/2015

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 reportedly associated with an industrial injury of December 2, 2014. In a Utilization Review Report dated January 15, 2015, the claims administrator denied request for a functional mobility evaluation (AKA functional capacity evaluation) and likewise denied six sessions of chiropractic manipulative therapy. Progress notes of November 7, 2014 and June 4, 2014 were referenced in the determination. The applicant's attorney subsequently appealed. On August 6, 2014, the applicant reported ongoing complaints of low back, wrist, and hand pain. The applicant was not working, it was acknowledged.

IMR ISSUES, DECISIONS AND RATIONALES

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

Functional mobility 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 (ODG), Fitness For Duty Chapter.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 2 General Approach to Initial Assessment and Documentation, Chapter 12 Low Back Complaints Page(s): 293; 21.

Decision rationale: No, the request for a functional mobility evaluation (AKA functional capacity evaluation) was not medically necessary, medically appropriate, or indicated here. The request in question appears to represent a request for a functional capacity evaluation which includes computerized range of motion testing. However, the MTUS Guideline in ACOEM Chapter 12, page 293 notes that range of motion measurements of the low back are of "limited value" owing to marked variation in range of motion measurements amongst the applicants with and without symptoms. Here, the attending provider did not furnish any clear or compelling applicant-specific rationale which would support computerized range of motion testing in the face of the unfavorable ACOEM position on the same. While the MTUS Guideline in ACOEM Chapter 2, page 21 does suggest considering a functional capacity evaluation when necessary to translate medical impairment into limitations and restrictions and determine work capability, in this case, however, the applicant was/is off of work, on total temporary disability, the treating provider acknowledged. It was not clear how a functional mobility evaluation or functional capacity evaluation would appreciably influence or alter the treatment plan. It did not appear that the applicant had a job to return to. It was not clearly established, thus, why functional capacity testing was being sought in the clinical and/or vocational context present here. Therefore, the request was not medically necessary.

Chiropractic 2 x 3 sessions, chronic back pain: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 298-299, Chronic Pain Treatment Guidelines Manual therapy & manipulation Page(s): 58-60.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Manual therapy & manipulation Page(s): Chronic Pain Medical Treatment Guidelines 8 C.C.R. 9792.20 ? 9792.26 MTUS (Effective July 18, 2009) Page 59-60 of 127.

Decision rationale: Similarly, the request for six sessions of chiropractic manipulative therapy for the low back was likewise not medically necessary, medically appropriate, or indicated here. While pages 59 and 60 of the MTUS Chronic Pain Medical Treatment Guidelines do support up to 24 sessions of manipulative therapy in applicants who demonstrate a favorable response to treatment by achieving and/or maintaining successful return to work status, in this case, however, the applicant was/is off of work, on total temporary disability, despite receipt of earlier chiropractic manipulative therapy in unspecified amounts over the course of the claim. Therefore, the request for additional chiropractic manipulative therapy was not medically necessary.