

Case Number:	CM15-0097592		
Date Assigned:	05/29/2015	Date of Injury:	10/01/2013
Decision Date:	07/02/2015	UR Denial Date:	04/21/2015
Priority:	Standard	Application Received:	05/20/2015

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: California
 Certification(s)/Specialty: Emergency 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 injured worker is a 25-year-old female, who sustained an industrial injury on 10/1/2013. The current diagnoses are lumbar disc displacement without myelopathy and sciatica. According to the progress report dated 2/2/2015, the injured worker complains of constant, severe pain in the lumbar spine with occasional tingling in the bilateral lower extremities. The pain is described as throbbing and aching. The level of pain is not rated. The physical examination of the lumbar spine reveals +3 spasm and tenderness to the bilateral paraspinal muscles from L1 to S1 and multifidus, trigger point to the bilateral piriformis muscles, positive Kemp's test bilaterally, positive straight raise leg test on the right, positive Yeoman's bilaterally, positive Braggard's on the right, and decreased right patellar reflex, left Achilles reflex, and right Achilles reflex. Treatment to date has included medication management, MRI studies, and 8 physical medicine sessions. The plan of care includes functional capacity evaluation and follow-up visit with range of motion measurement.

IMR ISSUES, DECISIONS AND RATIONALES

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

Qualified functional capacity evaluation x1: 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).

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's Occupational Medicine (ACOEM) Practice Guidelines, 2nd Edition (2004) Chapter 7, page 137-138.

Decision rationale: The requested qualified functional capacity evaluation x1 is not medically necessary. CA MTUS The American College of Occupational and Environmental. Medicine's Occupational Medicine (ACOEM) Practice Guidelines, 2nd. Edition (2004) Chapter 7, page 137-138 note in regards to functional capacity evaluations, that "There is little scientific evidence confirming FCEs predict an individual's actual capacity to perform in the workplace." The injured worker has severe pain in the lumbar spine with occasional tingling in the bilateral lower extremities. The pain is described as throbbing and aching. The level of pain is not rated. The physical examination of the lumbar spine reveals +3 spasm and tenderness to the bilateral paraspinal muscles from L1 to S1 and multifidus, trigger point to the bilateral piriformis muscles, positive Kemp's test bilaterally, positive straight raise leg test on the right, positive Yeoman's bilaterally, positive Braggard's on the right, and decreased right patellar reflex, left Achilles reflex, and right Achilles reflex. Treatment to date has included medication management, MRI studies, and 8 physical medicine sessions. There is no documentation that the patient is at Maximum Medical Improvement. The treating physician has not documented the medical necessity for this valuation as an outlier to referenced guideline negative recommendations. The criteria noted above not having been met, Qualified functional capacity evaluation x1 is not medically necessary.

Follow-up visit with range of motion measurement and addressing ADLs: 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).

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Functional Improvement Measures; Page 48 Page(s): 48. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Low Back- Lumbar & Thoracic (Acute & Chronic), Flexibility.

Decision rationale: The requested Follow-up visit with range of motion measurement and addressing ADLs is not medically necessary. Chronic Pain Medical Treatment Guidelines, Functional Improvement Measures, Page 48, note that such measures are recommended. However, Official Disability Guidelines (ODG), Low Back, Lumbar, and Thoracic (Acute & Chronic), Flexibility, note that computerized range of motion testing; Not recommended as a primary criteria, but should be a part of a routine musculoskeletal evaluation. The relation between lumbar range of motion measures and functional ability is weak or non-existent and an inclinometer is the preferred device for obtaining accurate, reproducible measurements in a simple, practical and inexpensive way (p 400). They do not recommend computerized measures of lumbar spine range of motion which can be done with inclinometers, and where the result (range of motion) is of unclear therapeutic value. The injured worker has severe pain in the lumbar spine with occasional tingling in the bilateral lower extremities. The pain is

described as throbbing and aching. The level of pain is not rated. The physical examination of the lumbar spine reveals +3 spasm and tenderness to the bilateral paraspinal muscles from L1 to S1 and multifidus, trigger point to the bilateral piriformis muscles, positive Kemp's test bilaterally, positive straight raise leg test on the right, positive Yeoman's bilaterally, positive Braggard's on the right, and decreased right patellar reflex, left Achilles reflex, and right Achilles reflex. Treatment to date has included medication management, MRI studies, and 8 physical medicine sessions. The treating physician has not documented exceptional circumstances to establish the medical necessity for this testing as an outlier to referenced guideline negative recommendations. The criteria noted above not having been met, Follow-up visit with range of motion measurement and addressing ADLs is not medically necessary.