MAXIMUS Federal Services

Case Number:	CM15-0099101		
Date Assigned:	06/01/2015	Date of Injury:	05/13/2013
Decision Date:	07/07/2015	UR Denial Date:	04/28/2015
Priority:	Standard	Application Received:	05/22/2015

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: California
Certification(s)/Specialty: Physical Medicine & Rehabilitation

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 is a 40-year-old female with a May 13, 2013 date of injury. A progress note dated February 26, 2015 documents subjective findings (lower back pain radiating to the left leg and foot; pain rated a t a level of 7-8/10), objective findings (decreased range of motion of the lumbar spine; tenderness to palpation over lumbar paraspinals and sacroiliac joint), and current diagnoses (lumbar disc syndrome lower extremity; radicular syndrome lower extremity; knee sprain/strain). Treatments to date have included medications, imaging studies, acupuncture, and shock wave therapy. The treating physician documented a plan of care that included a functional capacity evaluation and lumbar epidural steroid injection.

IMR ISSUES, DECISIONS AND RATIONALES

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

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 (ODG), Fitness For Duty, Functional capacity evaluation (FCE).

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation ACOEM guidelines, Chapter 7, p137-139 has the following regarding functional capacity evaluations.

Decision rationale: The patient complains of lower back pain, and has been diagnosed with lumbar spine sprain/strain, lumbar disc syndrome, and lumbar spine degenerative disc disease, as per progress report dated 04/22/15. The request is for FUNCTIONAL CAPACITY EVALUATION. There is no RFA for this case, and the patient's date of injury is 05/13/13. Medications included Naproxen, Amrix and topical compounded creams. As per progress report dated 03/17/15, the patient suffers from lower back pain radiating to bilateral lower extremities, rated at 7/10 without medications and 5/10 with medications. The patient has been allowed to return to work with restrictions, as per progress report dated 02/26/15. MTUS does not discuss functional capacity evaluations. ACOEM chapter 7, page 137-139 states that the "examiner is responsible for determining whether the impairment results in functional limitations. The employer or claim administrator may request functional ability evaluations may be ordered by the treating or evaluating physician, if the physician feels the information from such testing is crucial. " ACOEM further states, "There is little scientific evidence confirming that FCE's predict an individual's actual capacity to perform in the workplace. " In this case, a request for functional capacity evaluation is noted in progress report dated 02/26/15. The treater, however, does not discuss the purpose of this evaluation. The patient has been allowed to return to modified duty, as per the same progress report. Additionally, the progress reports do not mention a request from the employer or claims administrator. Hence, the request IS NOT medically necessary.

1 epidural injection of the lumbar spine: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Epidural steroid injections (ESIs).

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines ESI Page(s): 46-47.

Decision rationale: The patient complains of lower back pain, and has been diagnosed with lumbar spine sprain/strain, lumbar disc syndrome, and lumbar spine degenerative disc disease, as per progress report dated 04/22/15. The request is for 1 EPIDURAL INJECTION OF THE LUMBAR SPINE. There is no RFA for this case, and the patient's date of injury is 05/13/13. Medications included Naproxen, Amrix and topical compounded creams. As per progress report dated 03/17/15, the patient suffers from lower back pain radiating to bilateral lower extremities, rated at 7/10 without medications and 5/10 with medications. The patient has been allowed to return to work with restrictions, as per progress report dated 02/26/15. MTUS Chronic Pain Treatment Guidelines, section on "Epidural steroid injections (ESIs) page 46 states these are "Recommended as an option for treatment of radicular pain (defined as pain in dermatomal distribution with corroborative findings of radiculopathy). " The MTUS Criteria for the use of Epidural steroid injections states: "Radiculopathy must be documented by physical examination and corroborated by imaging studies and/or electrodiagnostic testing. In the therapeutic phase, repeat blocks should be based on continued objective documented pain and functional improvement, including at least 50% pain relief with associated reduction of medication use for six to eight weeks, with a general recommendation of no more than 4 blocks per region per year. In this case, the progress reports do not document prior ESI of the lumbar spine. The treater is requesting for an ESI in progress report dated 03/17/15 to "decrease her lower back pain and lumbar radicular symptoms." The request, however, does

not include the levels. The patient suffers from lower back pain radiating to bilateral lower extremities. Physical examination, as per the same progress report, revealed positive straight leg raise but MRI of the lumbar spine dated 03/10/14 reveals posterior disc bulge at L3-4 and L4-5 without canal stenosis and HNP or neural foraminal narrowing. EMG/NCV, dated 01/09/14 was normal as well as per QME report dated 11/13/14. Given the lack of diagnostic evidence of radiculopathy, the request IS NOT medically necessary.