

Case Number:	CM14-0145591		
Date Assigned:	09/12/2014	Date of Injury:	01/13/2012
Decision Date:	10/20/2014	UR Denial Date:	08/05/2014
Priority:	Standard	Application Received:	09/08/2014

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 Physical Medicine and Rehabilitation, has a subspecialty in Pain Medicine and is licensed to practice in Texas and Oklahoma. 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 injured worker is a 49-year-old male who reported injury on 01/13/2012. The mechanism of injury was the injured worker set up a scaphoid and attempted to walk across the scaphoid. The scaphoid collapsed and the injured worker fell on his back from approximately 4 feet and landed on his back on the ground. The injured worker's medications were noted to include hydrocodone/APAP 10/325, orphenadrine citrate 100 mg, LidoPro topical ointment, tramadol ER 150 mg, omeprazole 20 mg, gabapentin 600 mg 3 times a day and MS-Contin 15 mg 3 times a day. The prior therapy and treatments included 13 sessions of chiropractic/physiotherapy, acupuncture, and physical therapy sessions, 2 epidural steroid injections in the neck and low back and the surgical intervention. The injured worker underwent a micro lumbar decompression bilaterally at L3-4 and L4-5 on 06/13/2013. Other surgeries were noncontributory. The injured worker underwent an MRI of the lumbar spine on 08/07/2013. The injured worker had an MRI of the cervical spine, thoracic spine, and lumbar spine, as well as bilateral hips and electrodiagnostic testing. The documentation of 07/17/2014 revealed the injured worker had neck, low back, right hip, buttock and bilateral lower extremity symptoms. Four days prior to the office visit the injured worker was getting up from sitting and in the process his back snapped and he had severe pain in his low back and the neck and back pain has continued since then. The injured worker was seen in the emergency room due to increasing pain. The objective findings revealed the injured worker had a markedly antalgic gait and used a cane for ambulation. The injured worker had tenderness to palpation of the lumbar spine with spasms. There was mild decreased sensation bilaterally at L3, L4, L5 and S1 dermatomes. The lower extremity examination was limited by pain. There was give way weakness. The psoas, quadriceps, hamstrings, tibialis anterior, EHL, inversion and eversion and plantar flexion strength were 4+/5.

The straight leg raise on the left was positive at 40 degrees causing pain to the knee. The straight leg raise was positive on the right at 40 degrees with pain in the foot. The slump test was positive bilaterally. The diagnoses included cervical and lumbar radiculopathy and multiple herniated nucleus pulposus of the cervical and thoracic spine. The treatment plan included ongoing pain management follow-ups and a follow-up in 6 weeks. The original date of request for the Functional Capacity Evaluation could not be established. There was a Request for Authorization for the ongoing pain management treatment.

IMR ISSUES, DECISIONS AND RATIONALES

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

FUNCTIONAL CAPACITY EVALUATION (4 HOURS): Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines. Decision based on Non-MTUS Citation OFFICIAL DISABILITY GUIDELINES (ODG)

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 5 Cornerstones of Disability Prevention and Management Page(s): 89-92. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Fitness for Duty Chapter, FCE

Decision rationale: The American College of Occupational and Environmental Medicine guidelines indicate there is a functional assessment tool available and that is a Functional Capacity Evaluation, however, it does not address the criteria. As such, secondary guidelines were sought. The Official Disability Guidelines indicates that a Functional Capacity Evaluation is appropriate when a worker has had prior unsuccessful attempts to return to work, has conflicting medical reports, the patient had an injury that required a detailed exploration of a workers abilities, a worker is close to maximum medical improvement and/or additional or secondary conditions have been clarified. The clinical documentation submitted for review failed to indicate the injured worker had an unsuccessful attempt to return to work or had conflicting medical reports. There was a lack of documentation indicating all secondary conditions had been clarified. Given the above, the request for Functional Capacity Evaluation 4 hours was not medically necessary.

PAIN MANAGEMENT FOLLOW-UP: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Ongoing Management, Page(s): page 79.

Decision rationale: The California MTUS Guidelines indicate that medication management visits are appropriate during the trial phase for every 2 weeks for the first 2 to 4 months and then at 1 and a half to 2 month intervals. Additionally, per the California Medical Board Guidelines for prescribing controlled substances for pain, patients with pain who are managed with

controlled substances should be seen monthly, quarterly, or semi-annually as required by the standard of care. The clinical documentation submitted for review indicated the injured worker was in the first 6 months. However, there was a lack of documentation indicating the frequency of visits that had been experienced and the duration the injured worker had been utilizing opiates and seeing a pain management specialist, as the guidelines are specific regarding timeframes. Additionally, the request as submitted failed to indicate the quantity of pain management follow-ups being requested and the frequency. Given the above, the request for pain management follow-ups was not medically necessary.