

Case Number:	CM13-0012314		
Date Assigned:	05/23/2014	Date of Injury:	03/03/2013
Decision Date:	08/21/2014	UR Denial Date:	07/03/2013
Priority:	Standard	Application Received:	08/12/2013

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 and is licensed to practice in Arizona. 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 patient is a 49-year-old male who sustained a work-related injury on 3/3/2013 when he slipped at work tripping over a pipe and landing on his back. Subsequently he was evaluated and underwent x-ray which was negative and he was treated with the pain medication. The patient has been treated at the [REDACTED] where he underwent additional x-ray and MRI of the cervical and lumbar spine. According to the available records MRI of the cervical spine 6/5/13 showed disc bulging at multiple levels more prominent at C6-7. MRI lumbar spine showed multiple areas of disc bulging and disc degeneration and evidence of prior laminectomy at the L4-5 level. X-ray of the coccyx revealed old fracture. He was treated with epidural injections and chiropractic care. Light-duty work was allowed. However the treating physician also recommended functional capacity evaluation as an outpatient. This request was denied by a medical reviewer on 7/17/2013 since patient's record did not reveal that he had significant physical limitations or abnormal findings to warrant such evaluation.

IMR ISSUES, DECISIONS AND RATIONALES

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

1 FUNCTIONAL CAPACITY EVALUATION, LUMBAR: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) work hardening and work conditioning section.

Decision rationale: Functional capacity evaluation is indicated when a person sustained physical injury and there are generally plans for returning to work. The patient should have completed all treatment and reached a maximal medical improvement status. According to the available literature as well as some of the discussion and the official disability guidelines, most patients can return to employment based on their pain level, physical findings and physical status. Generally functional capacity evaluation is not necessary. The physician should be able to determine physical limitation and any impairment based on medical grounds, diagnostic studies and physical examination. According to the available records, it is not clear that she had reached maximal medical improvement and physical examination is not described in detail. Vocational plans as to the type of work are not quite documented. Therefore functional capacity evaluation would not be very productive in vocational planning and therefore does not seem to be medically necessary.