

Case Number:	CM13-0015580		
Date Assigned:	12/04/2013	Date of Injury:	03/27/2009
Decision Date:	02/03/2014	UR Denial Date:	08/05/2013
Priority:	Standard	Application Received:	08/23/2013

HOW THE IMR FINAL DETERMINATION WAS MADE

MAXIMUS Federal Services sent the complete case file to a physician reviewer. He/she has no affiliation with the employer, employee, providers or the claims administrator. The physician reviewer is Board Certified in Physical Medicine & Rehabilitation and is licensed to practice in Illinois. 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 physician 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 33 year old male who reported an injury on 03/27/2009. The mechanism of injury was the patient was lifting a concrete shell when he felt pain in his back. The patient complained of back pain with activity that radiated to the lower extremities. The patient had an MRI in May 2009 that showed 6 mm disc protrusion at L4-5. The patient had tenderness to the lumbar spine, decreased range of motion and muscle guarding. There was also motor weakness. The patient was diagnosed with lumbar disc disease with radiculopathy. Subsequently the patient received three epidural steroid injections and underwent a fusion. The patient continued to complain of low back pain with radiation into the lower extremities. The patient was treated with medication and physical therapy post-surgery. The patient had issues with fecal incontinence and sexual dysfunction post-surgery. The patient had electrodiagnostic study that showed L5-S1 denervation. An MRI in March 2013 showed evidence of clumping of the cauda equina and possible arachnoiditis. The patient was recommended to continue pain medication and a functional capacity evaluation.

IMR ISSUES, DECISIONS AND RATIONALES

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

Functional capacity evaluation: Overturned

Claims Administrator guideline: Decision based on MTUS ACOEM Page(s): s 137-138.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain, Functional restoration programs (FRPs)

Decision rationale: The clinical documentation submitted for review meets the guideline recommendations. The patient reported pain to the low back with radiating pain to the bilateral extremities following an injury on 03/27/2009. The patient has been treated with surgery, medications, injections, epidural and facet blocks, physical therapy and MRIs. The clinical documentation dated 09/25/2013 stated the patient complained of occasional mild back pain. The patient's range of motion is within normal limits except with flexion (50) and extension (10). CA MTUS ACOEM states In order for an injured worker to stay at or return successfully to work, he or she must be physically able to perform some necessary job duties. This does not necessarily mean that the worker has fully recovered from the injury, or is pain-free; it means that the worker has sufficient capacity to safely perform some job duties. Known as functional recovery, this concept defines the point at which the worker has regained specific physical functions necessary for reemployment. Official Disability Guidelines recommend functional capacity evaluations for selected patients with chronic disabling pain, although research is still ongoing as to how to most appropriately screen for inclusion in these programs. However, the clinical information submitted does not indicate previous attempts to return to work at either full capacity or modified capacity has been unsuccessful. As such, the request is certified.