

Case Number:	CM13-0035388		
Date Assigned:	02/03/2014	Date of Injury:	03/13/2013
Decision Date:	05/23/2014	UR Denial Date:	09/26/2013
Priority:	Standard	Application Received:	10/17/2013

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 California. 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:

This patient is a 48-year-old male who injured on 03/14/2013 while at work performing repetitive lifting, bending, twisting of his lower back. He reported pain in his lumbar spine. Treatment history includes physical therapy and medications (Relafen, hydrocodone, Norco, Polar Frost Gel, Naproxen, Protonix, Flexril, and compounded cream). The patient has been off of work since the date of injury. A progress report dated 11/14/2013 indicates the patient complained of constant severe low back pain, stiffness and weakness aggravated by lifting 10 pounds, sitting, standing, walking, bending, and squatting. Patient has increased ROM (range of motion) with physical therapy 11/12 sessions completed. On physical exam, there was trigger point of paraspinals present at the lumbar spine, decreased sensation of bilateral lower extremity (patchy distribution). The range of motion were decreased and painful. There was 3+ tenderness to palpation of the lumbar paravertebral muscles. There was muscle spasms of the lumbar paravetebral muscles. Kemp was positive bilaterally. SLR was positive on the left. Diagnoses was lumbar disc protrusion, lumbar myospasm, lumbar radiculopathy, and lumbar sprain/strain A progress note dated 11/25/2013 indicates the patient complained of intermittent pain increased with bending, squatting, lifting, turning, walking, standing, sitting, and dirving. Lumbar spine exam showed no burising, swelling, atrophy, or lesion present at the lumbar spine. Diagnoses was lumbar sprain/strain and lumbar radiculopathy.

IMR ISSUES, DECISIONS AND RATIONALES

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

FUNCTIONAL CAPACITY EVALUATION-LOWER BACK: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Page(s): 506-512.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation ACOEM Practice Guidelines, 2nd Edition (2004), Chapter 7 on Independent Medical Examinations and Consultations, (page 511).

Decision rationale: As per ACEOM Practice guidelines, functional capacity evaluations may establish physical abilities, and also facilitate the examinee/employer relationship for return to work. Guidelines also indicate that the examiner is responsible for determining whether the impairment results in functional limitations and to inform the examinee and the employer about the examinee's abilities and limitations. In this case, this patient complains of severe lower back pain aggravated by lifting, sitting, standing, walking, bending and squatting. However, the patient has been off of work since injury and there is no documentation that there is a job to return or the patient intends to return to work in the near future. There is no evidence of prior unsuccessful return to work as recommended by ODG. Given the above the request is not medically necessary and appropriate.