

Case Number:	CM13-0041817		
Date Assigned:	12/20/2013	Date of Injury:	10/12/2001
Decision Date:	04/30/2014	UR Denial Date:	09/30/2013
Priority:	Standard	Application Received:	10/14/2013

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 Occupational Medicine 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:

The patient is a 60 year old female with date of injury of 10/12/2001. The patient sustained her injury while restocking a linen shelf at the medical clinic where she worked at the time. The primary treating physician's initial comprehensive report, dated 12/04/2012, states the patient's subjective complaints as a combination of sharp and dull pain over the lumbosacral region. The pain worsens with prolonged standing, walking, bending, squatting and lifting. Objective findings included tenderness to palpation over the bilateral paraspinal muscles and tenderness over the parafacet regions of L1-L5 vertebrae. Diagnoses were lumbosacral spine strain/sprain, rule out disc bulge, degenerative disc disease, lumbosacral spine radiculitis, and myofascial pain. Since the time of the injury, the patient has changed occupations from licensed vocational nurse to optician.

IMR ISSUES, DECISIONS AND RATIONALES

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

A FUNCTIONAL CAPACITY EVALUATION: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM.

MAXIMUS guideline: The Expert Reviewer 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)

Decision rationale: Since the time of the injury, the patient has changed occupations to a optician. She has permanent restrictions of no lifting over 20 pounds. The Official Disability Guidelines recommend an FCE if case management has been hampered by complex issues like unsuccessful return-to-work attempts, conflicting medical reports on fitness for modified job or injuries that require detailed exploration of a worker's abilities. It is unlikely that the patient is employed as an optician would be placed in a position where she would need to lift more than 20 pounds. She does not fall into any of the above categories in which an FCE is recommended. The Functional Capacity Evaluation Is not medically necessary.