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| Case Number: | CM13-0045114 | | |
| Date Assigned: | 12/27/2013 | Date of Injury: | 03/31/2011 |
| Decision Date: | 02/28/2014 | UR Denial Date: | 10/18/2013 |
| Priority: | Standard | Application Received: | 10/30/2013 |

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 Internal Medicine and Cardiology, has a subspecialty in Cardiovascular Disease and is licensed to practice in Texas. 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 66-year-old female who reported a work-related injury on 03/31/2011 as the result of strain to the lumbar spine. Subsequently, the patient is status post L3-4, L4-5 hemilaminectomies as well as laminoplasties as of 10/04/2012. The clinical note dated 10/16/2013 reports the patient was seen in consultation under the care of [REDACTED]. The provider documents postoperatively, the patient has reported new onset of left-sided pain, numbness, and tingling. The patient reported improvement to right-sided symptomatology. The provider documented the patient currently presents with low back pain and complaints of left-sided foot drop. The provider documents the patient utilizes hydrocodone 7.5 several times a day. The provider documented upon physical exam of the patient, the patient ambulates favoring her left lower extremity. The patient documented the patient has a somewhat flattened lumbar lordosis, spasms and guarding at the base of the lumbar spine, and a positive straight leg on the left absent to the right. Reflexes were trace at the patellar region bilaterally and absent at the Achilles region bilaterally. There was 5/5 motor strength with thigh flexion, leg flexion, and 4/5 strength in leg extension bilaterally and dorsi and plantar flexion bilaterally with 3/5 strength in the left EHL function with 4/5 strength in the right EHL function and 4/5 strength in plantar flexion bilaterally. The provider documents the patient has significant psychological symptomatology present and reliance on the daily use of narcotic medications. The provider documented initiation of a trial of venlafaxine in addition to a request for evaluation of the patient via [REDACTED].

IMR ISSUES, DECISIONS AND RATIONALES

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

1 functional capacity evaluation and/or work hardening program: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Fitness for Duty.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation American College of Occupational and Environmental Medicine (ACOEM) Guidelines, 2nd Edition, (2004) Chapter 7, page 137-138.

Decision rationale: The current request is supported. The clinical documentation submitted for review evidences the patient presents status post a work-related injury sustained in 03/2011 and subsequent to bilateral L3, L4, L5 decompressive surgical interventions. The patient presents with delayed recovery and has failed surgical treatment. The examining provider, [REDACTED], documents the patient is no longer a surgical candidate and has significant overlapping psychological comorbidities and significant function limitations at this point in her treatment. California MTUS/ACOEM indicates Functional Capacity Evaluation are opinion about current work capability and if requested the current objective functional capacity of the examinee. As the patient has failed with all lower levels of conservative treatment to include surgical interventions to the lumbar spine, the requesting provider is indicating the patient is a candidate to utilize a multidisciplinary program. Baseline functional testing would be indicated at this point in the patient's treatment. Given all the above, the request for 1 functional capacity evaluation and/or work hardening program is medically necessary and appropriate.