

Case Number:	CM13-0048513		
Date Assigned:	12/27/2013	Date of Injury:	02/20/2013
Decision Date:	02/27/2014	UR Denial Date:	10/15/2013
Priority:	Standard	Application Received:	11/06/2013

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 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 28-year-old male who reported injury on 02/20/2013. The mechanism of injury was stated to be the patient slipped on grease and fell. The patient was noted to have tenderness and spasms bilaterally over the paraspinals. The patient was noted to have 50 degrees of flexion, 15 degrees of extension, and 20 degrees of bilateral flexion in the lumbar spine. The patient was noted to have a positive straight leg raise at 30 degrees on the right and 50 degrees on the left. The patient was noted to have decreased sensation that was not reproducible on bilateral L4-5 dermatomes and on right S1 dermatomes. The patient's diagnoses were noted to be sprains and strains of the neck and sprains and strains of back, and sprains and strains of other specified sites of the knee and leg. The request was made for a functional improvement measurement using NIOSH (National Institute for Occupational Safety and Health) lifting task every 30 days while undergoing treatment.

IMR ISSUES, DECISIONS AND RATIONALES

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

Functional improvement measure using NIOSH (National Institute for Occupational Safety and Health) lift task every 30 days while undergoing treatment: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM. Decision based on Non-MTUS Citation ODG; Fitness For Duty, Functional Capacity Evaluation (FCE).

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 48.

Decision rationale: California MTUS Guidelines indicate that functional improvement measures can be used repeatedly over the course of treatment to demonstrate improvement of function or maintenance of function. However, there is a lack of documentation indicating the rationale for the request and the duration of the request as per the submission it was every 30 days while undergoing treatment. Given the above, the request for functional improvement measure using NIOSH (National Institute for Occupational Safety and Health) lift task every 30 days while undergoing treatment is not medically necessary.