

Case Number:	CM13-0051766		
Date Assigned:	12/27/2013	Date of Injury:	06/23/2012
Decision Date:	08/13/2014	UR Denial Date:	11/05/2013
Priority:	Standard	Application Received:	11/15/2013

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:

The injured worker is a 50-year-old male who reported an injury on 06/23/2012, due to a lifting injury. On 01/13/2014, the injured worker presented with pain across the low back. Upon examination of the lumbar spine, there was significant restriction with lumbar range of motion. The injured worker was using a cane and reported severe pain due to being without medication. Examination of the ankles and feet revealed that the injured worker had a foot drop and significant weakness of the left leg across the L5 distribution. The diagnoses were lumbar left radiculopathy, lumbar discogenic disease, spondylosis at L4-5 and L5-S1 levels and a left foot drop. The provider noted that the injured worker is a candidate for anterior lumbar fusion surgery at L4-5 and L5-S1. Prior treatment included injections and medications. The provider recommended a functional capacity evaluation. The provider's rationale was not provided. The request for authorization form was not included in the medical documents for review.

IMR ISSUES, DECISIONS AND RATIONALES

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

FUNCTIONAL CAPACITY EVALUATION: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Non-MTUS American College of Occupational and Environmental Medicine, Chapter 7, Page 132-139.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 5 Cornerstones of Disability Prevention and Management Page(s): 77-89. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Fitness for Duty, Functional Capacity Evaluation.

Decision rationale: The California MTUS states that a functional capacity evaluation may be necessary to obtain a more precise delineation of the injured worker's capabilities. The Official Disability Guidelines state that a functional capacity evaluation is recommended and may be used prior to admission to a work hardening program with preference for assessment either to a specific job or task. Functional capacity evaluations are not recommended for routine use. There was lack of objective findings upon physical exam demonstrating significant functional deficit. The documentation lacked evidence of how a functional capacity evaluation will either provide an evolving treatment plan or goal. There is also a lack of documentation of other treatments the injured worker underwent previous and the measurement of progress as well as efficacy of the prior treatments. Therefore, the request is not medically necessary.