

Case Number:	CM13-0063049		
Date Assigned:	01/17/2014	Date of Injury:	04/26/2010
Decision Date:	06/19/2014	UR Denial Date:	11/27/2013
Priority:	Standard	Application Received:	12/09/2013

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 Internal Medicine, has a subspecialty in Nephrology 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 51-year-old male with a date of injury on 4/26/10. The injury occurred while the patient was attempting to stop a concrete block from rolling down a hill. The diagnoses included degeneration of lumbar disc, lumbosacral radiculitis/neuritis. The patient suffered from chronic low back pain. Treatment included chiropractic care, acupuncture, physical therapy, and pharmacologic therapy. A functional capacity evaluation was performed in 2011 and 2012. In 2012 due to persistent back pain he was treated with lumbar epidural steroid injections. In late 2013 the patient complained of continued low back pain and underwent treatment with pharmacologic pain management and nerve blocks. On 11/12/13 the patient complained of continued severe low back pain with limited range of motion. The plan was for an additional functional capacity evaluation.

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 ACOEM Guidelines, (2009), Chapter 7, page 511, and the Official Disability Guidelines (ODG), Fitness for Duty Chapter.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation ACOEM Guidelines, (2009), Chapter 7, page 511, and the Official Disability Guidelines (ODG), Fitness for Duty Chapter.

Decision rationale: The patient complains of low back pain with limited range of motion. However, there is no documentation noting that the patient is at maximum medical improvement, has had unsuccessful return to work attempts, or a detailed job description. Also, at least 2 prior functional capacity evaluations (FCEs) were completed which did not elucidate in any clear manner return to work functionality, therefore minimizing the utility of another evaluation at this time.