

Case Number:	CM13-0067468		
Date Assigned:	01/03/2014	Date of Injury:	02/05/2013
Decision Date:	05/21/2014	UR Denial Date:	12/03/2013
Priority:	Standard	Application Received:	12/18/2013

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 injured worker is a male with date of injury 2/5/2013. Per physician's progress report, the injured worker continues to have moderate low back pain, and right greater than left gluteal pain, worse with prolonged sitting and repetitive bendings. On examination of the low back, he has focal tenderness, right greater than left over the L3-L4, L4-L5, and L5-S1 posterior spinous processes and paravertebral muscles. He stands in an upright position and flexes to 25 degrees. He uses mild upper extremity assist to come to an upright position. Extension is limited to 10 degrees with pain into his right gluteal region. Right and left lateral bending are asymmetric with 10 degrees to the right and 15 degrees to the left with pain in his gluteal region. He shows no focal neurological deficits L2 through S1 to motor or sensory evaluation. Straight leg raising in a sitting position is negative to 80 degrees in both lower extremities. MRI shows multi-level disc protrusions at L2-L3, L3-L4, L4-L5, and L5-S1 with mild to moderate foraminal stenosis at the L5-S1 level. There appears to be a L5 degenerative disc with some mild compression fracture at his L5 vertebral body. Diagnoses include 1) L5 lumbar compression fracture 2) focal degenerative disc disease with mild to moderate bilateral foraminal stenosis at the L4-L5 and L5-S1 level of his low back.

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 AMERICAN COLLEGE OF OCCUPATIONAL AND ENVIRONMENTAL MEDICINE (ACOEM), 7.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation OFFICIAL DISABILITY GUIDELINES (ODG), GUIDELINES FOR PERFORMING AN FCE

Decision rationale: The cited guidelines provide criteria for when a functional capacity evaluation may be utilized. These criteria include repeated difficulty with returning to work, or when the injured worker is at or near reaching maximum medical improvement. Neither of these criteria are met for the injured worker to justify a functional capacity evaluation. The injured worker has been provided work restrictions based on physical exam and diagnoses. Although there are other criteria that may warrant the use of a functional capacity evaluation, the injured worker's diagnoses and status do not apply to these criteria. The request for an initial functional capacity evaluation (FCE) is determined to not be medically necessary.