

Case Number:	CM13-0071040		
Date Assigned:	12/30/2013	Date of Injury:	05/28/2013
Decision Date:	01/15/2014	UR Denial Date:	11/27/2013
Priority:	Expedited	Application Received:	12/27/2013

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 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 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.

CLINICAL CASE SUMMARY

The expert reviewer developed the following clinical case summary based on a review of the case file, including all medical records:

This 22 year-old male sustained an injury to his low back after lifting 150 pounds of dough on 5/28/13 while employed with [REDACTED]. Per dated 11/18/13 evaluation report from [REDACTED], the patient complained of low back pain flare-up since last office visit (consultation on 10/9/13) with bilateral leg weakness, numbness, and sciatica in the left leg and thigh area, pain rated at 8/10. Patient reported limitations of movement with both shoulders along with neck pain radiating down both arms at pain rate of 10/10 with associated arms numbness. Clinical exam reported limited range of motion throughout all planes in the cervical and lumbar spine and bilateral shoulders. Diagnoses include neck pain; cervical sprain/strain; cervical disc degeneration/herniation; low back pain; lumbar disc degeneration/herniation; bilateral shoulder tendonitis. Cervical and Lumbar spine MRIs were reviewed. Treatment plan included continuing physiotherapy 2x2 for CS and LS; Order MRI of bilateral shoulders; Order EMG NCV of upper and lower extremities; Referral to Pain management for CS and LS epidural injections; Dispensed medications (topical transdermal, Tramadol, Naprosyn, and Omeprazole); Functional Capacity Evaluation; Re-eval in 5 weeks. The patient was to continue Temporary Total Disability x 45 days. Request for FCE was non-certified by [REDACTED] on 11/27/13.

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 cite any medical evidence for its decision.

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

Decision rationale: This 22 year old male sustained a low back lifting injury on 5/28/13. He has received a significant amount of conservative treatments including physical therapy, chiropractic care, medications, and rest without sustained long-term benefit. He continues to treat for ongoing significant symptoms with further plan for multiple diagnostic MRIs, Electrodiagnostic testing, along epidural injection interventions, remaining temporarily totally disabled without return to any form of modified work. Per his primary treating physician, the patient has not reached maximal medical improvement. Current review of the submitted medical reports has not adequately demonstrated the indication to support for the request for Functional Capacity Evaluation as the patient continues to actively treat and is disabled, without return to any form of modified work trial. Per the ACOEM Treatment Guidelines on the Chapter for Independent Medical Examinations and Consultations regarding Functional Capacity Evaluation, there is little scientific evidence confirming FCEs' ability to predict an individual's actual work capacity as behaviors and performances are influenced by multiple nonmedical factors which would not determine the true indicators of the individual's capability or restrictions. The Functional Capacity Evaluation is not medically necessary and appropriate.