

Case Number:	CM13-0071545		
Date Assigned:	05/14/2014	Date of Injury:	01/14/2013
Decision Date:	07/21/2014	UR Denial Date:	11/22/2013
Priority:	Standard	Application Received:	12/27/2013

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 Texas and Oklahoma. 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 22-year-old male who reported an injury on 01/14/2013 after lifting a 100-pound shelving unit. The injured worker reportedly sustained an injury to his low back. The injured worker was evaluated on 11/05/2013. It was noted that the injured worker had lumbosacral spine pain that radiated into the bilateral lower extremities with a positive straight leg raising test to the right. The injured worker's diagnoses included lumbar sprain/strain with right sided radiculopathy. The injured worker's treatment plan included a urine drug screen, an EMG/NCV of the bilateral lower extremities, an MRI of the lumbar spine, a Functional Capacity Evaluation, and acupuncture.

IMR ISSUES, DECISIONS AND RATIONALES

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

FUNCTIONAL CAPACITY EVALUATION FOR THE LUMBAR SPINE: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG).

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 5 Cornerstones of Disability Prevention and Management Page(s): 89-92.

Decision rationale: The requested functional capacity evaluation for the lumbar spine is not medically necessary or appropriate. The American College of Occupational and Environmental

Medicine recommends Functional Capacity Evaluations when a more precise delineation of an injured worker's functional capabilities is required beyond what can be provided by a traditional physical examination. The clinical documentation submitted for review does not provide any evidence that the injured worker is at or near maximum medical improvement and has had failed return to work attempts that would require a Functional Capacity Evaluation to determine the injured worker's ability to perform normal job duties. As such, the requested functional capacity evaluation for the lumbar spine is not medically necessary or appropriate.