MAXIMUS Federal Services

Case Number:	CM13-0072228		
Date Assigned:	01/08/2014	Date of Injury:	04/19/2012
Decision Date:	04/02/2014	UR Denial Date:	12/06/2013
Priority:	Standard	Application Received:	12/30/2013

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 Internal Medicine and is licensed to practice in New York. 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. 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 43 year old female with a date of injury on 04/19/2012. She was a restrained driver of a work vehicle and was involved in a MVA. On 04/27/2012 she had low back pain that radiated to the right buttock area. She was not taking any medications and had no previous surgery. She had decreased range of motion of the lumbar spine. Straight leg raising was positive on the right. Sensation was normal. Motor strength was normal. Heel walk and toe walk were normal. EMG/NCS revealed a L5-S1 radiculopathy. On 09/08/2012 there was no L5-S1 foramen narrowing on MRI. On 07/25/2013 lumbar flexion was normal. On 11/01/2013 she complained that the effects of the epidural steroid injection had worn off. She had intermittent moderate low back pain. She had mild tenderness to palpation of the paraspinal muscles. There was decreased sensation to light touch of the right L4. Straight leg raising was positive bilaterally.

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), 2nd Edition, (2004)Chapter 7 Independent Medical Examinations and Consultations, page(s) 132 - 139

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation American College of Occupational and Environmental Medicine (ACOEM), 2nd Edition, (2004)Chapter 7 Independent Medical Examinations and Consultations, page(s) 132 - 139

Decision rationale: MTUS ACOEM chronic pain does not discuss functional capacity evaluations. MTUS ACOEM Chapter 7 does discuss independent medical examinations and consultations. The functional capacity evaluation (FCE) is a type of IME where specific work capacity measurements are made. It is only necessary when there have been numerous attempts at return to work that have failed and there is a dispute concerning the patient's ability to work at the specific job. This patient had a good response to an epidural steroid injection and months after the accident had a normal lumbar flexion. There is a disconnect between the L5-S1 MRI finding of no foraminal stenosis vs the EMG/NCS. There has been no documentation of a failure of conservative treatment - specifically physical therapy. There has been no documentation of repeated failed attempts to return to work. A FCE is not done to measure whether or not the patient has reached maximum medical improvement. It is not indicated at this time.