

Case Number:	CM14-0001521		
Date Assigned:	05/16/2014	Date of Injury:	01/15/2013
Decision Date:	07/11/2014	UR Denial Date:	12/27/2013
Priority:	Standard	Application Received:	01/05/2014

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 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 52-year-old female who reported an injury on 01/05/2013 secondary to an unknown mechanism of injury. The injured worker was evaluated on 12/11/2013 for reports of severe lumbar pain and weakness to her right lower extremity. The exam noted 4+ spasm and tenderness to the bilateral lumbar paraspinal muscles, a positive Kemp's, straight leg raise, and Yeoman's test bilaterally, a positive Braggard's test to the right, and bilateral decreased reflexes to the hamstrings and Achilles. Diagnoses included lumbar spondylosis with myelopathy and sciatica. The treatment plan included referral to a pain management physician and a Functional Capacity Evaluation. The request for authorization dated 12/11/2013 with rationale was in the documentation provided.

IMR ISSUES, DECISIONS AND RATIONALES

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

QUALIFIED FUNCTIONAL CAPACITY EVALUATION: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 5 Cornerstones of Disability Prevention and Management Page(s): 77-89. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Fitness for Duty Functional capacity evaluation (FCE).

Decision rationale: The California MTUS/ACOEM Guidelines state that it may be necessary to obtain a more precise delineation of patient capabilities than is available from routine physical examination. Under some circumstances, this can best be done by ordering a functional capacity evaluation of the patient. The Official Disability Guidelines state a functional capacity evaluation is not recommended routinely as part of an occupational rehab or screening, or generic assessments in which the question is whether someone can do any type of job generally. The exam notes indicate the request is to be used as an assessment measure to be used repeatedly over the course of treatment. Therefore, based on the documentation provided, the request is not medically necessary.

PAIN MANAGEMENT EVALUATION: Overturned

Claims Administrator guideline: Decision based on MTUS ACOEM Page(s): 112.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Low Back, Office Visits.

Decision rationale: The Official Disability Guidelines recommend office visits as determined to be medically necessary. The guidelines further state the determination requires individual case review. The exam noted the request is for evaluation for possible epidural steroid injection due to disc pain that is unresolved with conservative care. Therefore, based on the documentation provided, the request for a Pain Management Evaluation is medically necessary.