

Case Number:	CM14-0108499		
Date Assigned:	08/01/2014	Date of Injury:	08/01/2012
Decision Date:	10/24/2014	UR Denial Date:	06/27/2014
Priority:	Standard	Application Received:	07/11/2014

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 Texas and Ohio. 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 40-year-old male with a reported injury on 08/01/2012. The mechanism of injury was lifting boxes. The injured worker's diagnoses include low back pain, degenerative disc disease of the lumbar spine, disc herniations in the lumbar spine, radiculitis to the bilateral lower extremities, left lower extremity L4, L5, and S1, neuropathic pain, greater trochanteric bursitis bilaterally, and depression. The injured worker's past treatments included medications, acupuncture, physical therapy, a transcutaneous electrical nerve stimulation unit, psychiatric evaluation, and a functional restoration program. The injured worker's diagnostic testing included x-rays of the lumbar spine on 08/10/2012, which were normal; an x-ray of the right ankle and foot on 08/02/2012, which was negative; an electromyography (EMG)/nerve conduction velocity (NCV) was ordered, but it is unclear whether or not the patient had this done; a lumbar spine magnetic resonance imaging dated 06/2013 revealed L4-5 and L5-S1 mild disc herniations; and an EMG/nerve conduction study on 07/20/2013. No pertinent surgical history was provided. The injured worker was evaluated on 05/13/2014 for complaints of lumbar and cervical radicular pain. The clinician observed and reported a focused physical exam and reported no edema, color changes, or temperature changes in the lower extremities and the dorsalis pedis pulses were 2+ bilaterally. The lumbar spine showed no gross deformities although there was a reduction in the normal lordosis with reproducible tenderness over the bilateral iliolumbar ligament, right greater than left, and the sacroiliac area. Straight leg raises and Fabere tests were negative. There was tenderness over the bilateral gluteal and bilateral greater trochanter, gluteal tendon, right greater than left. The clinician reported that the injured worker's gait was independent and normal. Normal muscle tone was noted. Power throughout the biceps, triceps, brachioradialis, hip flexors, knee extensors, dorsiflexors, and plantar flexors are 4+/5 to 5-/5, and the patient complained of discomfort with generalized weakness or lack of

power throughout. Sensations were intact to the upper and lower extremity dermatomes to light touch. Deep tendon reflexes of the right ankle were reported as 2+, otherwise 0 in upper and lower extremities. The injured worker's medications included Tramadol, naproxen, and a muscle relaxant. The request was for functional capacity evaluation. No rationale for this request was provided. The Request for Authorization form was not provided.

IMR ISSUES, DECISIONS AND RATIONALES

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

Functional Capacity Evaluation (FCE): 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, 2nd edition: chapter 7; Independent Consultations , page 127 and on the Non-MTUS Official Disability Guidelines, Fitness for Duty, Functional Capacity Evaluation (FCE)

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 - Lumbar & Thoracic, Flexibility and Forearm, Wrist, & Hand, Computerized muscle testing.

Decision rationale: The request for functional capacity evaluation is not medically necessary. The injured worker continued to complain of low back pain. The Official Disability Guidelines do not recommend computerized Functional Capacity Evaluation as primary criteria, but should be part of a routine musculoskeletal evaluation. The injured worker did have a functional capacity evaluation on 05/20/2014. The Request for Authorization was not provided so the date of the request is undetermined. Therefore, the request for functional capacity evaluation (FCE) is not medically necessary.