

Case Number:	CM14-0010741		
Date Assigned:	02/24/2014	Date of Injury:	11/15/2010
Decision Date:	06/26/2014	UR Denial Date:	12/16/2013
Priority:	Standard	Application Received:	01/27/2014

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 Orthopedic Surgery and is licensed to practice in Maryland. 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 54 year old female whose date of injury is 11/15/2010. The mechanism of injury is described as repetitive activity. Re-evaluation dated 11/11/13 indicates the injured worker complains of low back pain radiating bilaterally to the knees. On physical examination there is tenderness to palpation to the spinal vertebral L4-S1 levels. Range of motion of the lumbar spine is moderately limited due to pain. Sensory and motor exams in the lower extremities are intact. Diagnoses are lumbar disc displacement, lumbar facet arthropathy, lumbar radiculopathy and chronic pain. Treatment to date is noted to include physical therapy, lumbar epidural steroid injection and acupuncture. Psychological evaluation dated 02/13/14 indicates the diagnosis is anxiety and depressive disorder not otherwise specified. Progress report dated 03/13/14 indicates the injured worker was recommended to undergo lumbar MRI.

IMR ISSUES, DECISIONS AND RATIONALES

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

FUNCTIONAL CAPACITY EVALUATION FOR LUMBAR SPINE: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Fitness for Duty Chapter, Functional capacity evaluation

Decision rationale: Based on the clinical information provided, the request for functional capacity evaluation for lumbar spine is not recommended as medically necessary. There is insufficient clinical information provided to support this request. There is no current, detailed physical examination submitted for review. There are no documented failed return to work attempts. The submitted records indicate that the injured worker was recommended to undergo MRI of the lumbar spine for treatment planning purposes in March 2014. Therefore, it is unclear if the injured worker is at or near maximum medical improvement as required by the Official Disability Guidelines.