

Case Number:	CM14-0115675		
Date Assigned:	08/04/2014	Date of Injury:	01/29/2013
Decision Date:	10/01/2014	UR Denial Date:	07/15/2014
Priority:	Standard	Application Received:	07/23/2014

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 Internal Medicine, has a subspecialty in Internal Medicine and is licensed to practice in California, Florida, and 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 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 31-year-old female who reported an injury on 01/19/2013. The mechanism of injury was the injured worker was trying to insert a pallet jack underneath a loaded pallet. The jack was old and in poor condition and got stuck. The injured worker pushed it forcefully and felt a snap in the low back radiating to the midback. The injured worker's prior treatment included chiropractic care, physical therapy, and medications. The injured worker has epidural steroid injections, as well as acupuncture sessions. The injured worker had an EMG/NCV on 02/28/2014 that revealed there was electrophysiological evidence consistent with a mild right L4 and right S1 sensory radiculopathy. The injured worker underwent a psychological evaluation on 02/03/2014. The injured worker was evaluated on 05/01/2013 and it was documented the injured worker complained of low back pain that varied in intensity. The pain radiated into her buttocks and down the right leg to the calf. The pain was associated with tingling. The pain increased with prolonged standing and sitting. The pain was relieved with medication. The pain awakened the injured worker from sleeping. There was right leg weakness. She denied having symptoms of incontinence, but does complain of slight stomach pain. Physical examination of the lumbar spine revealed normal spinal alignment with the shoulders and iliac crest level. The injured worker walked with a normal heel to toe gait without limping. The injured worker was not wearing a low back support. Tenderness to palpation was noted in the midline of the lumbar spine and lumbosacral interspace, as well as the right posterior superior iliac spine and right sciatic notch. There was no muscle spasm. Range of motion of the lumbar spine was limited and painful. Diagnoses included 3 mm to 4 mm right central disc protrusion at L5-S1 with mild impression upon the thecal sac and noncompressive radiculitis, right side, at L4-5. The request for authorization was not submitted for this review.

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: 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) Functional Capacity Evaluation Chronic Pain.

Decision rationale: In the Official Disability Guidelines state that a functional capacity evaluation is recommended prior to admission a work hardening program, with reference for assessments tailored to specific task or job. It also states if a worker is actively participating in determining the suitability of a particular job, the functional capacity evaluation is more likely to be successful. A functional capacity evaluation is not effective when the referral is less collaborative and more directive. Per the Official Disability guidelines to consider a functional capacity evaluation would be prior unsuccessful return to work attempts, conflicting medical reporting on precautions and/or fitness for modified job all key medical reports and conditions are clarified and MMI/ all key medical reports are secured. There is lack of evidence provided on 05/01/2013 why the injured worker needs a functional capacity evaluation. There is no evidence of a complex issues in the documented provided preventing the injured worker to return back to work. In addition, there were no outcome measurements indicating the injured worker had failed conservative care such as, physical therapy, functional limitations medication treatment. Given the above, the request for a functional capacity evaluation is not medically necessary.