

<b>Case Number:</b>	CM14-0117143		
<b>Date Assigned:</b>	08/06/2014	<b>Date of Injury:</b>	07/09/2012
<b>Decision Date:</b>	10/02/2014	<b>UR Denial Date:</b>	07/09/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	07/25/2014

### 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 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 32 year old male who sustained an injury to his low back on 07/09/12 while bending down to clean the wax out of the bottom of a vending machine, he felt a sharp shooting pain in his low back. The injured worker was unable to stand up and he was taken to the company clinic. Treatment to date has included x-rays, injections, and 24 visits of physical therapy. The injured worker worked until May of 2013, when he quit his job position due to pain. Physical examination of the lumbar spine noted normal lordosis; no inflammation, swelling, redness, or bruising; tenderness to palpation over the lumbar paraspinal musculature; straight leg raise positive at 20 degrees bilaterally; range of motion decreased secondary to pain. MRI of the lumbar spine dated 02/13/14 revealed L4-5, 2.2mm central focal disc protrusion that abuts the thecal sac; incompletely visualized probable right renal cyst; no other significant findings noted.

### 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 cite any medical evidence for its decision.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Behavioral interventions, Page(s): 23.

**Decision rationale:** review. The records indicate that the injured worker has completed 24 physical therapy visits to date; however, there were no physical therapy notes provided for review that would indicate the injured worker's progression/regression through previous conservative treatment. The CA MTUS states that the identification and reinforcement of coping skills is often more useful in the treatment of pain than ongoing medication or therapy, which could lead to psychological or physical independence. There was no information provided that would indicate the injured worker has any risk factors for delayed recovery, including fear avoidance beliefs. There was no indication that the injured worker has filled out a fear avoidance beliefs questionnaire (FABQ). There was no additional information provided that would indicate the injured worker is "at risk" for exercise instruction using the cognitive motivational approach to physical medicine. Given this, the request for a functional capacity evaluation is not indicated as medically necessary.