

Case Number:	CM14-0157252		
Date Assigned:	09/30/2014	Date of Injury:	08/31/2009
Decision Date:	10/28/2014	UR Denial Date:	09/05/2014
Priority:	Standard	Application Received:	09/25/2014

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 Family Medicine and is licensed to practice in 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 58-year-old female. She had lumbar fusion surgery in the 1990s and reinjured her back on August 31 of 2009 when she slipped on a wet floor. She has largely had intractable back pain and has been tried on numerous opioids. She had a spinal cord stimulator placed and there is consideration currently for redoing that surgery. The physical exam reveals diminished lumbar range of motion, surgical lumbar scars, generally weak lower extremities, and diminished sensation of the right L5 and S1 dermatomes. She also has mild edema and diminished range of motion of the right ankle. Her diagnoses include low back pain, lumbar sacral radiculopathy, and chronic regional pain syndrome. The record reflects that the injured worker has returned to work with the following restrictions since at least October 24, 2013: no lifting greater than 15-20 pounds, to limit bending, twisting, pushing, pulling, and to rotate positions every 2 hours.

IMR ISSUES, DECISIONS AND RATIONALES

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

Functional Capacity Exam: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation ODG; Functional Capacity Exam. Low Back Chapter

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, Functional Capacity Evaluation

Decision rationale: The official disability guidelines recommend functional capacity evaluation in the following conditions: Recommended prior to admission to a Work Hardening (WH) Program, with preference for assessments tailored to a specific task or job. If a worker is actively participating in determining the suitability of a particular job, the FCE is more likely to be successful. A FCE is not as effective when the referral is less collaborative and more directive. It is important to provide as much detail as possible about the potential job to the assessor. Job specific FCEs are more helpful than general assessments. The report should be accessible to all the return to work participants. In this instance, the injured worker has returned to work. There is no indication from the reviewed records that she is near maximum medical improvement. There is no documentation to reflect that current job restrictions are at odds with her current job requirements. Therefore, a functional capacity evaluation is not medically necessary at this time.