

Case Number:	CM14-0020568		
Date Assigned:	04/30/2014	Date of Injury:	07/23/2013
Decision Date:	07/08/2014	UR Denial Date:	02/05/2014
Priority:	Standard	Application Received:	02/19/2014

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 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 44-year-old male. Date of injury 7/23/13. He suffered injury to his back from lifting a tire at work. Since the injury he has severe back and lower extremity pain. He has previously undergone anterior and posterior L3-S1 instrumented lumbar fusion. Since the work-related injury he has complained of severe pain. He has been treated with numerous medications including opiates. Treating physicians have also recommended functional capacity evaluation, epidural injection, surgical evaluation as well as functional restoration program. One of the disputed services is the need for functional capacity evaluation. Patient's most recent MRI study shows L2-3 stenosis and spondylosis which is above the area of previous surgery.

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 WORK HARDENING, FCE DISCUSSION Page(s): 156.

Decision rationale: This patient continues to be symptomatic and adequate improvement has not occurred. It seems that he is going to receive additional treatment such as epidural injection. The

patient is also going to be evaluated by a surgeon and there is possibility of additional surgical intervention. Therefore, the functional capacity evaluation at this stage does not appear to be appropriate, and it is not recommended. FCE can be considered in the future, when patient has reached maximal medical improvement status. The request is not medically necessary and appropriate.