MAXIMUS Federal Services

Case Number:	CM14-0027372		
Date Assigned:	06/13/2014	Date of Injury:	04/28/2011
Decision Date:	07/24/2014	UR Denial Date:	02/25/2014
Priority:	Standard	Application Received:	03/04/2014

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 56-year-old female who sustained an injury on 04/28/11 while employed as an auto parts delivery driver. The injured worker was moving parts from her car and an hour later felt pain in the lower back. The injured worker failed conservative treatment consisting of acupuncture, physical therapy and medications including anti-inflammatory, analgesics, and other medications. An MRI of the lumbar spine on 08/17/11 showed loss of L4-L5 disc height with grade I anterolisthesis of L2 over L4 and extensive adjacent bone marrow edema pattern reflecting acute injury, broad-based L4-L5 disc protrusion, severe narrowing of the central canal and left neural foramina with impingement of the nerve root, irregularity of the endplates at this level with mild adjacent inflammatory changes and inflammatory changes in the paravertebral soft tissues indicative of acute disc herniation. A discogram of the lumbar spine on 07/22/13 was positive at L4-L5 with peak pressure 29, plateau pressure 24, pain assessment 5/10, morphology V and volume more than one cubic centimeter. The patient was recommended lumbar decompression and fusion surgery at L4-L5, which was denied. There were two previous back injuries and therapy with full resolution. Multiple urine drug screens were positive for benzodiazepines and opiates. The injured was placed off work until 03/14/14. On 02/24/14, the request for functional capacity evaluation (FCE) was non-certified with rationale that the records submitted were inadequate. Currently, the patient complained of persistent mid back pain (8/10) and low back pain (8/10) radiating into the left foot and toes associated with numbness and tingling of the lower extremities. The current diagnoses include thoracic spine sprain/strain, rule out thoracic disc displacement, lumbar spine sprain/strain, rule out lumbar disc displacement, lumbar radiculopathy and hypertension. The patient is considered temporarily disabled from 03/13/14 to 04/10/14. The treating doctor has requested details JA or RU91 for review to address

alternative/modified duty and work status in greater detail and also to know specifically what the employer was willing to provide in the way of modified duty.

IMR ISSUES, DECISIONS AND RATIONALES

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

FUNCTIONAL CAPACITY EVALUATION FOR THE LUMBAR SPINE: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG)- Fitness for Duty, functional Capacity evaluation.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 2 General Approach to Initial Assessment and Documentation Page(s): 21-22.

Decision rationale: As per Official Disability Guidelines (ODG), Functional capacity evaluation (FCE) is recommended prior to admission to a Work Hardening (WH) Program. The guidelines state criteria for addmission to Work Hardening Program; "(5) Previous PT: There is evidence of treatment with an adequate trial of active physical rehabilitation with improvement followed by plateau, with evidence of no likely benefit from continuation of this previous treatment. Passive physical medicine modalities are not indicated for use in any of these approaches. (6) Rule out surgery: The patient is not a candidate for whom surgery, injections, or other treatments would clearly be warranted to improve function (including further diagnostic evaluation in anticipation of surgery)". The medical records document that the patient has received physical therapy, but no enough details to confirm the absolute failure of physical therapy. Moreover, the records shows that the injured worker is a surgical candidate. According to these reasons, the patient is not a candidate for WH program, and therefore the medical necessity of the functional capacity evaluation has not been established.