

Case Number:	CM14-0032354		
Date Assigned:	06/20/2014	Date of Injury:	06/06/2013
Decision Date:	07/23/2014	UR Denial Date:	03/08/2014
Priority:	Standard	Application Received:	03/14/2014

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, has a subspecialty in Pain Management, 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 patient is a 37-year-old with an injury date on June 6, 2013. Based on the March 3, 2014 progress report provided by [REDACTED] the diagnosis is lumbar discopathy with MRI evidence of large herniation at L5-S1 disrupting L5 nerve root. Exam of L-spine on March 3, 2014 showed "palpable tenderness over paravertebrals with spasms, right side worse than left. Seated straight leg raise positive. Dysesthesia in L5-S1 dermatome involving lateral thigh, posterior leg, and foot." [REDACTED] is requesting 1 functional capacity evaluation [REDACTED]. [REDACTED]. The utilization review determination being challenged is dated March 8, 2014. [REDACTED] is the requesting provider, and he provided treatment reports from June 20, 2013 to March 22, 2014.

IMR ISSUES, DECISIONS AND RATIONALES

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

1 Functional capacity evaluation [REDACTED]: 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
CHAPTER 7 Page(s): 137-138.

Decision rationale: This patient presents with back pain extending to lower extremity. The treating physician has asked one functional capacity evaluation on March 6, 2014 according to UR letter but PR-2/RFA not included in provided reports. March 3, 2014 report states patient was recommended L-spine surgery due to drop foot, but has resolved with only paresthesia in L5-S1 distribution. Patient is currently working and does not need vocational rehabilitation according to the March 3, 2014 report. Regarding functional capacity evaluations, MTUS is silent, but ACOEM does not recommend them due to their oversimplified nature and inefficacy in predicting future workplace performance. FCE's are indicated for special circumstance and only if it is crucial. In this case, patient is currently working and symptomology is improving. Requested functional capacity evaluation is not consistent with MTUS guidelines. The request for one functional capacity evaluation [REDACTED] is not medically necessary or appropriate.