

Case Number:	CM14-0032487		
Date Assigned:	04/11/2014	Date of Injury:	04/24/2013
Decision Date:	08/26/2014	UR Denial Date:	01/29/2014
Priority:	Standard	Application Received:	02/10/2014

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 Nevada. 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 records presented for review indicate that this 43 year old individual was reportedly injured on April 24, 2013. The mechanism of injury is undisclosed. The most recent progress note, dated April 14, 2014, indicates that there are ongoing complaints of low back pain. The physical examination demonstrated that the injured employee enjoys the single point cane, however there is no palpable tenderness in the paravertebral musculature, no evidence of tenderness of the sacroiliac joints, and there is no muscle spasm identified, deep tendon reflexes were absent at the bilateral knees but 2+ at the bilateral ankles, motor function was described as 5/5 throughout, straight leg raise was positive 70 degrees on the left and negative 80 degrees on the right. Diagnostic imaging studies were not presented for review. Previous treatment includes multiple medications, epidural steroid injections, post injection and physical therapy. A request was made for functional capacity evaluation and was not certified in the preauthorization process on January 29, 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 FOR THE LUMBAR SPINE AND LEFT HIP AS AN OUTPATIENT: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation American College of Occupational and Environmental Medicine (ACOEM), 2nd Edition, (2004) independent medical evaluations/consultations (electronically cited).

Decision rationale: When noting the date of injury, the injury sustained, the treatment to date and that there is no clear clinical indication why this study is necessary at this time; there is insufficient clinical information presented to support the medical necessity of this request. Any particular information can easily be gleaned from a routine office evaluation as such, the complexity of the capacity evaluation (or simplicity depending on the evaluator) is not medically necessary. As such, noting ongoing care being delivered there is no necessity established for such a study.