

Case Number:	CM14-0036052		
Date Assigned:	06/23/2014	Date of Injury:	08/01/2013
Decision Date:	07/30/2014	UR Denial Date:	02/26/2014
Priority:	Standard	Application Received:	03/24/2014

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 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:

This injured worker's date of injury is 08/01/2013. The patient's chief complaint is low back pain with right foot pain accompanied with paresthesias (tingling). The patient described the initial injury as feeling a snapping pressure in the lower back which radiated down the right foot. Treatment includes physical therapy with home exercises and epidural steroid injections. The patient takes Lyrica. A treating physician in the note dated 12/02/2013 describes that the curvature on the spine is normal, there is an antalgic gait on the right side, lumbar paraspinal muscles are tender, straight leg raising test is positive on the right, motor testing is normal, sensation reduced on the right L3- L4 distribution, and reflexes reduced at the right patella. A lumbar spine MRI on 10/17/2013 reveals right lateral recess stenosis at L2 - L3 with disc protrusion and disc protrusion at L3 -L4. The patient is released to work with modified duties- no lifting, pulling, or pushing more than 10 pounds. The patient's medical diagnoses include: Lumbar radiculopathy with sciatica and displacement of intervertebral disc.

IMR ISSUES, DECISIONS AND RATIONALES

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

Qualified functional capacity evaluation: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 2 General Approach to Initial Assessment and Documentation. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) - TWC Fitness for Duty Procedure.

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) Chapter 7, page(s) 137 - 138 Functional Capacity Evaluation.

Decision rationale: The treating clinician requested a qualified functional capacity evaluation to "establish work restrictions using objective data." The patient receives treatment for chronic low back pain with radicular symptoms. The patient is currently back at work under work restrictions. ACOEM guidelines state that functional capacity evaluations do not accurately represent what an employee can or cannot do on his actual job. The requesting clinician has not established a basis for requesting this service. The qualified functional capacity evaluation is not medically indicated.