

Case Number:	CM14-0036175		
Date Assigned:	06/25/2014	Date of Injury:	12/21/2013
Decision Date:	08/20/2014	UR Denial Date:	02/28/2014
Priority:	Standard	Application Received:	03/25/2014

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 Orthopedic Surgery and is licensed to practice in Mississippi. 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 25-year-old male was reportedly injured on December 21, 2013. The mechanism of injury was not listed in the records reviewed. The most recent progress note, dated February 4, 2014, indicated that there were ongoing complaints of low back pain. The pain was rated at 8/10 and radiated to the left lower extremity with associated numbness and weakness. The physical examination demonstrated an antalgic gait and a positive straight leg raise test. There was decreased sensation at the left lower extremity. There was tenderness along the lumbar spine paraspinal muscles with muscle spasms. The treatment plan included physical therapy, a functional capacity evaluation, and the use of a back brace. Diagnostic imaging studies were not reported. A request was made for a functional capacity evaluation and was not certified in the pre-authorization process on February 28, 2014.

IMR ISSUES, DECISIONS AND RATIONALES

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

Functional Capacity Evaluation: Overturned

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation American Clooege of Occupational and Enviormental Medicine, 2nd Edition, Chapter Independent Medical Examinations and Consultations (pp132-139).

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Low Back - Lumbar and Thoracic, Functional Improvement Measures, Updated July 3, 2014.

Decision rationale: According to the Official Disability Guidelines, the use of functional improvement measures is recommended and should be used over the course of treatment to demonstrate progress in return to functionality as well as to justify further use of ongoing treatment methods. Considering this, the request for a functional capacity evaluation is medically necessary.