MAXIMUS Federal Services

Case Number:	CM14-0036598		
Date Assigned:	06/25/2014	Date of Injury:	12/21/2013
Decision Date:	07/28/2014	UR Denial Date:	02/28/2014
Priority:	Standard	Application Received:	03/26/2014

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 Anesthesiology, has a subspecialty in Pain 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:

The injured worker is a 25 year-old male who had work related injury on 12/21/13. The injured worker sustained an injury after lifting a heavy roll of film. Magnetic resonance image of the lumbar spine dated 02/03/14 documented straightening of lumbar lordosis. Otherwise, unremarkable examination of the lumbar spine. No spinal canal or neural foraminal narrowing, nerve root impingement, significant posterior disc pathology, or significant facet arthropathy. The injured worker was treated with chiropractic treatments, medications including anti-inflammatories and physical therapy. He is working modified duty 60 hours a week. Most recent progress note dated 01/31/14 shows improvement although very slowly. The back brace was bothering him and light duty was being accommodated. The injured worker is complaining of sharp pain in the lumbar spine. Frequency is intermittent. Current medication, ibuprofen 800mg, Tramadol 50mg, Cyclobenzaprine 7.5mg and polar frost gel. Upon physical examination, the pain is rated 8/10. Negative Waddell signs. The injured worker ambulated with normal gait, full weight bearing on bilateral lower extremities. The patient had normal posture. There was no weakness of the lower extremities. The spine was not kyphotic. The injured worker did not have scoliosis. No loss of lumbar lordosis. Pelvis was symmetrical. There were no spasms of the thoracolumbar spine and paravertebral musculature. There was tenderness of the thoracolumbar spine and paravertebral musculature. Range of motion of the back was restricted. Flexion with fingertips approximating the knees. Extension 10 degrees lateral flexion to the left 30 degrees to the right 30 degrees. Heel toe ambulations performed without difficulty. Bilateral patellar and Achilles deep tendon reflexes were 2/4. Sensation was intact to light touch and pin prick in all dermatomes of the bilateral lower extremities. Straight leg raise test was positive. Left positive at 80 degrees right positive at 85 degrees. The back muscles displayed no weakness. Diagnosis was sprain/strain of the lumbar spine pain in the

back. Request was for functional capacity evaluation prior utilization review dated 02/28/14 was non-certified.

IMR ISSUES, DECISIONS AND RATIONALES

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

Functional capacity evaluation: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Chapter 7, Independent Medical Examinations and Consultations, pages 132-139.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Work conditioning and work hardening Page(s): 125. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Fit for work, Functional capacity evaluation.

Decision rationale: The request for functional capacity evaluation is not medically necessary. The clinical documentation submitted for review does not support the request. The injured worker's physical exam dated 01/31/2014 was a normal exam except for restricted range of motion of lumbar spine. Was working modified duty 60 hours per week. The records do not specify a definite vocational plan of care, or specific job description, or position that is available to the injured worker. Therefore, medical necessity has not been established. The request is not medically necessary and appropriate.