

Case Number:	CM14-0036961		
Date Assigned:	06/25/2014	Date of Injury:	10/11/2013
Decision Date:	08/13/2014	UR Denial Date:	03/18/2014
Priority:	Standard	Application Received:	03/27/2014

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 26 year old male who reported an injury regarding his low back. The clinical note dated 01/31/14 indicates the injured worker complaining of persistent low back pain with occasional tingling, numbness and cramping that was rated as 7-8/10. The injured worker demonstrated decreased range of motion throughout the lumbar spine. Upon exam, tenderness was identified in the L4, L5 and S1 regions. Range of motion was identified as being 50% of normal. No strength or reflex deficits were identified. There is an indication the injured worker has undergone 14 physical therapy sessions to date which did provide minimal benefit. The clinical note dated 02/06/14 indicates the injured worker stated the initial injury occurred on 10/11/13 when he was walking on a muddy surface while carrying a propane tank when he slipped and fell backwards landing on his back. The therapy note dated 12/11/13 indicates the injured worker having completed 18 physical therapy sessions to date. The clinical note dated 02/27/14 indicates the injured worker demonstrated 4/5 strength at the lower extremities. The utilization review dated 10/11/13 resulted in a denial for a functional restoration program as minimal information had been submitted confirming the need for a multi-disciplinary approach to the injured worker's complaints.

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: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Fitness for Duty Chapter, Functional Capacity Evaluations.

Decision rationale: The documentation indicates the injured worker complaining of low back pain despite completion of a full course of conservative therapy. A functional capacity evaluation is indicated for injured workers who have a prior unsuccessful return to work attempt along with conflicting medical reports. No information was submitted regarding the injured worker's previous attempts at returning to work. Additionally, there is an indication the injured worker has demonstrated 4/5 strength in the lumbar region with ongoing range of motion deficits. No other information was submitted with potential conflicting reports. Given these factors, the request is not indicated as medically necessary.

Functional restoration program evaluation: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Functional restoration programs (FRPs).

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Fitness for Duty Chapter, Functional Capacity Evaluations.

Decision rationale: The documentation provided for review indicates the injured worker continuing with low back complaints. However, no information was submitted regarding the need for a multi-disciplinary approach in addressing the low back complaints. Without this information in place, it is unclear if the injured worker would benefit from a functional restoration program. Therefore, this request is not indicated as medically necessary.