

Case Number:	CM14-0039873		
Date Assigned:	06/27/2014	Date of Injury:	12/21/2012
Decision Date:	08/13/2014	UR Denial Date:	03/05/2014
Priority:	Standard	Application Received:	04/04/2014

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 Occupational 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 patient is a 50 year old male who was injured on 12/21/2012. He sustained an injury while performing his usual and customary, repetitive job duties. Prior medication history included Tylenol #3 30 mg, and oxazepam 10 mg twice a day. Diagnostic studies reviewed include x-ray of the lumbar spine dated 01/22/2014 demonstrated multilevel degenerative spurring probable Scheuermann's disease residuals; Narrowing L5-S1; Abnormal hips. Initial ortho consultation dated 12/18/2013 states the patient complained of low back pain with pain radiating to the right leg and toes as well as numbness and tingling in the right leg and toes. The pain in his right leg was severe. Objective findings on exam revealed revealed hypolordosis and muscle spasm of the lumbar spine. Bilateral erector spinalis trigger points were positive. There was tenderness bilaterally of the lumbar spine paravertebra. Foraminal compression test was positive on both sides. There was general muscle weakness secondary to pain on both sides of the low back. Flexion and extension maneuvers demonstrated decreased strength of 4/5 with limitation of motion. Extension caused moderate pain and flexion caused mild pain. Range of motion of the lumbar spine revealed flexion to 45 degrees; extension to 5 degrees; right /left lateral bending to 25 degrees; and right/left rotation to 30 degrees. Diagnoses are lumbar disc herniation without myelopathy and lumbar enthesopathy. On note dated 02/21/2014, the patient's symptoms were unchanged as well as his exam. He was diagnosed with L4-S1 degenerative disk disease with radiculopathy in bilateral legs. He was recommended for a FCE.

IMR ISSUES, DECISIONS AND RATIONALES

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

Functional Capacity Evaluation Lumbar Spine: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation ACOEM, Chapter 7 (Independent Medical Examination and Consultation. Official disability guidelines ,Treatment in worker's compensation ,fitness for duty chapter.

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) Chapter 7, Independent Medical Examinations and Consultations, page 511. Official Disability Guidelines (ODG), Fitness for Duty, Functional Capacity Evaluation.

Decision rationale: According to MTUS guidelines and ODG, there is little evidence to show that Functional Capacity Evaluations (FCE's) predict an individual's ability to perform in the work place. Routine use is not recommended. They may be recommended prior to a Work Hardening program. In this case, the patient appears to be working on modified duty with straightforward limitations. He is not being considered for a Work Hardening program or close to MMI. Specific rationale for an FCE is not provided. Medical necessity is not established.