

Case Number:	CM14-0047222		
Date Assigned:	07/02/2014	Date of Injury:	11/06/2012
Decision Date:	09/15/2014	UR Denial Date:	04/09/2014
Priority:	Standard	Application Received:	04/15/2014

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 Geriatrics and is licensed to practice in New York. 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 33 year old woman with a date of injury of 11/6/12. She was seen by her orthopedic physician on 3/7/14 with complaints of continued low back pain. Her medications included Ibuprofen and Flexeril. She declined epidural injections in the past. She completed a course of acupuncture in the prior month and has been treated with chiropractic care and physical therapy. An MRI of the lumbar spine showed 'no significant degeneration or stenosis'. Her physical exam showed 5/5 motor strength in L3-S1. She had pain with light pressure on the low back and non-dermatomal pain in the left leg. She had a positive axial compression test. Her diagnoses included lumbar sprain, nondermatomal pain in the left lower extremity and symptom magnification. The note indicates that her subjective symptomatology far outweighs any objective pathology and a functional capacity evaluation was requested and is at issue in this review.

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 ACOEM, 2nd Edition, Chapter 7 Independent Medical Examinations and Consultations, Pages 132-138.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints
Page(s): 21.

Decision rationale: This injured worker has chronic pain after an injury sustained in 2012. The records indicate that her subjective symptomatology far outweighs any objective pathology and she has had multiple prior treatment modalities. There is not good evidence that functional capacity evaluations are correlated with a lower frequency of health complaints and injuries. There is already objective data based on her physical exam and radiographic studies that her medical impairment is not significant and a functional capacity evaluation is unlikely to provide additional evidence as to her work ability/capacity. The records do not support the medical necessity for a functional capacity evaluation.