

Case Number:	CM14-0080923		
Date Assigned:	07/18/2014	Date of Injury:	01/18/2013
Decision Date:	10/22/2014	UR Denial Date:	05/02/2014
Priority:	Standard	Application Received:	06/02/2014

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 Physical Medicine and Rehabilitation, and is licensed to practice in Nevada. 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 34 year-old male who was reportedly injured on 1/18/2013. The mechanism of injury occurred when pulling pallets. The most recent progress note dated 4/24/2014, indicates that there were ongoing complaints of right hip and leg pain. The physical examination demonstrated: antalgic gait. Positive tenderness to palpation of the right paraspinal muscles of the lumbar spine. Restricted range of motion due to pain. Reflexes knee 2+, ankle 1+. Positive straight leg raise in the sitting position with radiating pain in the low back. Sensory examination unremarkable. Diagnostic imaging studies and an MRI of the lumbar spine, dated 1/21/2014, which revealed unchanged L3-4 and L4-5 protrusions compared to previous MRIs. Previous treatment includes medications and physical therapy. A request was made for functional capacity evaluation for the lumbar spine and was not certified in the pre-authorization process on 5/2/2014.

IMR ISSUES, DECISIONS AND RATIONALES

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

Functional capacity evaluation for the lumbar spine.: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 5 Cornerstones of Disability Prevention and Management Page(s): 89-92. Decision based on Non-MTUS Citation American

College of Occupational and Environmental Medicine (ACOEM), 2nd Edition, (2004) - Independent Medical Examinations and Consultations - Referral Issues and the IME Process - (Electronically Cited).

Decision rationale: ACOEM practice guidelines support the use of functional capacity evaluations (FCE) when necessary to translate medical evidence of functional limitations to determine work capability. The ODG details the recommendation to consider a FCE if the patient has evidence of prior unsuccessful return to work attempts or there is conflicting medical reporting on precautions and/or fitness for a modified job or if the patient's injuries are such that require a detailed exploration of the workers abilities. Review of the available medical records indicate the claimant has returned to work. As such, the guideline criteria has not been met and this request is not considered medically necessary.