

Case Number:	CM14-0082692		
Date Assigned:	07/21/2014	Date of Injury:	08/09/2011
Decision Date:	09/24/2014	UR Denial Date:	05/14/2014
Priority:	Standard	Application Received:	06/04/2014

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 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 records presented for review indicate that this 60-year-old gentleman was reportedly injured on August 9, 2011. The mechanism of injury is noted as a fall off a dolly. The most recent progress note, dated April 2, 2014, indicates that there are ongoing complaints of low back pain radiating to the right lower extremity. The physical examination demonstrated increased tone and tenderness throughout the lumbar spine paraspinal muscles and tenderness over the midline of the thoracolumbar junction as well as the L5 - S1 facet joints. Muscle spasms were present along the paraspinal muscles. Diagnostic imaging studies multilevel disc bulges from L1 through L5 with a small disc extrusion at L4 - L5. Nerve conduction studies show evidence of a right-sided L4 and L5 and a left L5 radiculopathy. Previous treatment includes physical therapy, lumbar support brace, chiropractic care, and oral medications. A request had been made for functional capacity evaluation and was not certified in the pre-authorization process on May 14, 2014.

IMR ISSUES, DECISIONS AND RATIONALES

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

FCE (Functional Capacity Examination): Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Page(s): 137-8. Decision based on Non-MTUS Citation Official Disability Guidelines Treatment in Workers Compensation Fitness for Duty Guidelines.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Low Back - Lumbar and Thoracic, Functional Improvement Measures, Updated August 22, 2014.

Decision rationale: According to the Official Disability Guidelines functional improvement measures are recommended over the course of treatment to demonstrate return to functionality and to justify further use of ongoing treatment methods. A review of the available medical records indicate that the injured employee has recently participated in treatment involving chiropractic care and physical therapy, however the efficacy of these sessions are unclear and it is also unknown whether these have been completed or not. Considering this, the request for a functional capacity evaluation is not medically necessary.