

Case Number:	CM14-0097010		
Date Assigned:	09/16/2014	Date of Injury:	08/02/2013
Decision Date:	10/17/2014	UR Denial Date:	06/16/2014
Priority:	Standard	Application Received:	06/25/2014

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 General Surgery, has a subspecialty in Surgical Critical Care, and is licensed to practice in Texas. 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 31 year old male who was injured on August 2, 2013 while working as a police officer. The mechanism of injury was sitting in a vehicle. The diagnoses listed as thoracic or lumbosacral neuritis or radiculitis unspecified (724.4), displacement of lumbar intervertebral disc without myelopathy(722.10). The most recent progress note dated 5/12/14, reveals complaints of chronic low back pain radiating into the legs, lumbar exam documented a slightly antalgic gait, spasm, tenderness, and decreased range of motion. Prior treatment includes medications, chiropractic, physical therapy, lumbar epidural steroid injection. A prior utilization review determination dated 6/16/14 resulted in denial of functional capacity evaluation.

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 Chapter 7; Independent Medical Examinations and Consultations, page 138

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), 2nd Edition, (2004) Chapter 7 Independent Medical examinations and consultations, page 138

Decision rationale: The claimant is a police officer who has chronic low back pain with radicular symptoms following a work injury of 8/2/13. The claimant has been afforded conservative care including epidural steroid injections. The claimant has been examined twice by an Agreed Medical Examination (AME) 2/2014 and again in 4/10/2014 orthopedic surgeon. He opined that the claimant was permanent and stationary and that no specific work restrictions were necessary. There has been a request for a Functional Capacity Evaluation (FCE) to determine work restriction based on a FCE to be performed. But based on American College of Occupational and Environmental Medicine (ACOEM), and the AME report, the FCE as requested is not medically necessary.