MAXIMUS Federal Services

Case Number:	CM14-0134817		
Date Assigned:	08/27/2014	Date of Injury:	10/30/2013
Decision Date:	01/02/2015	UR Denial Date:	08/11/2014
Priority:	Standard	Application Received:	08/21/2014

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 Internal Medicine and is licensed to practice in Maryland. 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 male with a date of injury of October 30, 2013. Mechanism of injury was lacking in the record. His diagnosis is lumbosacral radiculopathy. In report dated July 21, 2014, the injured worker continued to complain of lower back pain with radiculopathy in the lower extremities with numbness, tingling and weakness. Spasm, tenderness and guarding were noted in the paravertebral muscles of the lumbar spine along with decreased range of motion. Decreased dermatomal sensation with pain was noted over the bilateral L5 dermatomes. An MRI of the lumbar spine revealed 4 to 5 millimeter extraforaminal focal disc protrusion with posterior annular tear at the L4-L5 level and moderate facet arthropathy was seen. Lumbar epidural injections have been discussed but declined by the injured worker along with any type of surgical intervention. In report dated August 18, 2014, the injured worker was noted to be performing his usual and customary work duties but continues to do so with pain. His duties were noted to have a potential to reinjure his lumbar spine. A request was made for a functional capacity evaluation. On August 11, 2014, utilization review denied the request.

IMR ISSUES, DECISIONS AND RATIONALES

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

Functional Capacity Evaluation: Overturned

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Functional capacity evaluation. Decision based on Non-MTUS Citation ODG (Official Disability Guidelines)Fitness for Duty Procedure Summary

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 2 General Approach to Initial Assessment and Documentation Page(s): 21.

Decision rationale: The ACOEM guidelines indicate that functional capacity evaluations should be considered when necessary to translate medical impairment into functional limitations and to determine work capacity. According to Official Disability Guidelines, FCE should be considered when there is prior unsuccessful return to work attempts, conflicting medical reporting on precautions and/or fitness for modified job and injuries that require detailed exploration of a worker's abilities. The employee had lower back pain with radiculopathy in the lower extremities with numbness, weakness and tingling. He was working his usual and customary occupation; however, he continued to be symptomatic. He had difficulty with prolonged periods of sitting, standing, walking and stair climbing. His other treatment included physical therapy. A FCE was requested to address the patient's physical abilities to work to provide him with permanent work restrictions for him to continue working without aggravating his injuries. His job required him to do extensive driving, standing, walking, bending, stooping, and squatting, twisting, torqueing, lifting, carrying up to 150 Lbs. and making arrests. Given the potential to reinjure his spine, a physical functional capacity assessment was requested. He has ongoing pain after having returned to work. The UR denial letter states that there is no clear discussion that the claimant is not able to tolerate the current work status. The appeal letter has above information which outlines that the employee had difficulty performing his duties and had ongoing pain. To outline the functional limitations, it is important for him to have a functional capacity evaluation. Hence the request for functional capacity evaluation is medically necessary.