

Case Number:	CM14-0191681		
Date Assigned:	11/25/2014	Date of Injury:	12/17/2012
Decision Date:	03/03/2015	UR Denial Date:	10/14/2014
Priority:	Standard	Application Received:	11/17/2014

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. 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/Service. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

The Expert Reviewer has the following credentials:

State(s) of Licensure: California, Arizona

Certification(s)/Specialty: Physical Medicine & Rehabilitation

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 61-year-old male who reported an injury on 12/17/2012. The mechanism of injury was unspecified. His relevant diagnoses include neuralgia, neuritis and radiculitis, and sprains and strains of the lumbar. Past treatments include a formal pain evaluation, extracorporeal shockwave therapy and modified work activity. On 10/07/2014, the injured worker complained of low back pain radiating into the right leg. The physical examination of the lumbar spine revealed range of motion was restricted with flexion at 20 degrees, bilateral side bending at 15 degrees and extension of 5 degrees. The injured worker was indicated to have a positive straight leg raise bilaterally and a Kemp's test bilaterally. The injured worker also had tenderness with positive spasms noted. His motor strength was indicated to be decreased with normal deep tendon reflexes. The treatment plan included a Functional Capacity Evaluation. A rationale was not provided. A Request for Authorization form was not provided for review. Documentation regarding pertinent diagnostic studies, pertinent surgical history and relevant medications was not provided for 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 American College of Occupational and Environmental Medicine, 2nd Edition, Chapter 7 Independent Medical and Examinations and Consultation, pages 132-139

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

Decision rationale: According the California MTUS/ACOEM Guidelines, reassessing function and functional recovery is the first step in managing delayed recovery, which should include documentation of the patient's current state of functional ability to include activities of daily living and the recovery trajectory to date as a timeline. The assessment should also include a complete patient history and other objective observers, including employer or occupational health professional with regard to abilities and effectiveness at work, goals for functional recovery can then be framed with reference to this baseline. The assessment should also include results indicating consistency with maximal effort, demonstrating capacities with an employer verified physical demand analysis. Furthermore, the guidelines indicate that Functional Capacity Exams and videotapes assess general functioning, modifications to tests, work related functioning and the goal of such evaluations is functional restoration and returning to work. The injured worker was indicated to have chronic low back pain with radicular symptoms. However, there was lack of documentation that indicated a job specific occupation, lack of documentation describing what specific activities were performed that are related to the injured worker's job, and an indication the injured worker would be returning to work. In the absence of the above, the request is not supported by the evidence based guidelines. As such, the request is not medically necessary.