

Case Number:	CM14-0201114		
Date Assigned:	12/11/2014	Date of Injury:	02/28/2013
Decision Date:	01/28/2015	UR Denial Date:	10/30/2014
Priority:	Standard	Application Received:	12/01/2014

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 Rehab, has a subspecialty in Pain Medicine, Spinal Cord Medicine and is licensed to practice in Massachusetts. 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 claimant has a history of a work injury occurring on 02/28/13 when, while working as a housekeeper and lifting a box of magazines, he had left-sided back pain. He was seen on 07/11/13. He was having pain including back pain radiating into the leg. Pain was rated at 7/10. Physical examination findings included decreased spinal range of motion. There was a normal neurological examination. He was diagnosed with a cervical and lumbosacral sprain with lumbar radicular symptoms. Authorization for chiropractic treatment was requested. On 02/21/14 he was having ongoing moderate back pain rated at 7/10. Symptoms were radiating into the lower extremities. There had been temporary relief with chiropractic treatments and with physical therapy. Medications were Mobic and Flexeril. He was noted to be working without restrictions. Physical examination findings included decreased and painful lumbar spine range of motion. He had a slow gait. Imaging results were reviewed with an MRI of the lumbar spine showing multilevel spondylosis with a possible lesion at L2. On 03/21/14 he had sustained another injury the week before when he tripped, falling backwards, and landed on his back. He had worsening radiating pain now rated at 8/10. He was having lower extremity weakness. Physical examination findings included positive straight leg raising. He was seen for a neurology evaluation on 05/09/14. His history of injury and subsequent treatments was reviewed. He was having back pain with intermittent shooting lower extremity pain and weakness. Physical examination findings included lumbar tenderness with decreased and painful range of motion. There was back pain with straight leg raising. He had increased lower extremity reflexes. Additional testing was recommended. He was seen by the requesting provider on 06/20/14. The neurology evaluation was reviewed. Authorization for additional testing was requested. On 08/15/14 EMG testing had shown findings of right L5 nerve root irritation. He was continued at full duty. Authorization for

an epidural injection was requested. On 09/19/14 he was having ongoing moderate symptoms. He had decided against undergoing the epidural injection. On 10/17/14 he was having on and off pain. Physical examination findings included lumbar paraspinal muscle spasms with decreased range of motion and positive left straight leg raise. Medications were refilled. Authorization for a Functional Capacity Evaluation was requested.

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 restoration programs (FRPs). Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Fitness for Duty Chapter

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 64

Decision rationale: The claimant is nearly 2 years status post work-related injury and continues to be treated for chronic radiating low back pain. Electrodiagnostic testing is referenced as showing L5 nerve irritation. The claimant declined an epidural steroid injection, which reflects the process of informed consent. A Functional Capacity Evaluation is an option for select patients with chronic pain if the information might be helpful in objectifying worker capability with regard to either specific job or general job requirements. In this case, no new treatment is being planned. Obtaining a Functional Capacity Evaluation to determine the claimant's current work capacity is therefore considered medically necessary.