

Case Number:	CM15-0100360		
Date Assigned:	06/02/2015	Date of Injury:	07/25/2014
Decision Date:	07/08/2015	UR Denial Date:	05/12/2015
Priority:	Standard	Application Received:	05/26/2015

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

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 44 year old male, who sustained an industrial injury on 07/25/2014. Medical records provided by the treating physician did not indicate the injured worker's mechanism of injury. The injured worker was diagnosed as having left shin laceration, right shin contusion, left shoulder sprain/strain, cervical spine sprain/strain, thoracic spine sprain/strain, lumbar spine sprain/strain, muscle spasms, left shoulder contusion, cervical spine disc desiccation, cervical spine disc protrusion, lumbar spine disc desiccation, lumbar spine hemangioma, lumbar spine disc herniation, lumbar spine canal stenosis, thoracic spine disc herniation, and thoracic spine disc desiccation. Treatment and diagnostic studies to date has included laboratory studies, Functional Restoration Evaluations, x-rays of orbits clearance, magnetic resonance imaging of the thoracic spine, magnetic resonance imaging of the lumbar spine, magnetic resonance imaging of the bilateral tibias/fibulas, magnetic resonance imaging of the left shoulder, and magnetic resonance imaging of the cervical spine. In a progress note dated 01/20/2015 the treating physician reports complaints of intermittent pain to the upper back that radiates to the back of the head, bilateral shoulders, bilateral arms, and bilateral hands with associated symptoms of numbness, tingling, sharp, stiffness. The injured worker also has complaints of constant left shoulder pain that radiates to the neck and upper back with associated symptoms of numbness, tingling, and weakness. The injured worker has complaints of constant mid back pain that radiates to the upper and lower back with associated symptoms of numbness, tingling, burning, and achiness. The treating physician also notes complaints of low back pain that radiates to the bilateral lower extremities with associated symptoms of numbness and

tingling, and a sharp sensation along with complaints of bilateral shin pain that radiates to the bilateral ankles and feet with associated symptoms of numbness and tingling. Examination reveals tenderness with spasms to the left upper trapezius muscle, tenderness with spasms to the thoracic and lumbar paraspinal muscles and the quadratus lumborum muscle, tenderness with spasms to the left upper trapezius muscle, the left rhomboid muscle, and the left latissimus dorsi, tenderness to the left acromioclavicular joint, limited range of motion to the thoracolumbar spine, left shoulder, and bilateral lower extremities, along with a positive straight leg raise. Functional Restoration Report from 02/03/2015 noted that the physician's assessment was remarkable for overall improvement and the report from 03/22/2015 was noted to have the same assessment findings. The treating physician requested a Functional Capacity Evaluation of the lumbar and bilateral lower extremities, but the documentation did not indicate that specific reason for the requested evaluation.

IMR ISSUES, DECISIONS AND RATIONALES

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

Functional Capacity Evaluation (FCE): Lumbar / Bilateral Legs: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Guidelines for performing an FCE.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation ACOEM Chapter 7, Independent Medical Examinations and Consultations, page 137-138.

Decision rationale: The patient has received a significant amount of conservative treatments without sustained long-term benefit. The patient continues to treat for ongoing significant symptoms with further plan for further evaluation. It appears the patient has not reached maximal medical improvement and continues to treat for chronic pain symptoms. Current review of the submitted medical reports has not adequately demonstrated the indication to support for the request for Functional Capacity Evaluation as the patient continues to actively treat. Per the ACOEM Treatment Guidelines on the Chapter for Independent Medical Examinations and Consultations regarding Functional Capacity Evaluation, there is little scientific evidence confirming FCEs ability to predict an individual's actual work capacity as behaviors and performances are influenced by multiple nonmedical factors which would not determine the true indicators of the individual's capability or restrictions. The Functional Capacity Evaluation (FCE): Lumbar / Bilateral Legs is not medically necessary and appropriate.