

Case Number:	CM15-0109635		
Date Assigned:	06/16/2015	Date of Injury:	08/27/2014
Decision Date:	07/22/2015	UR Denial Date:	05/05/2015
Priority:	Standard	Application Received:	06/08/2015

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: Pennsylvania, Ohio, 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 43 year old male who sustained an industrial injury on August 27, 2014. He has reported pain in the back traveling down the left lower extremity and has been diagnosed with discogenic back pain, radiculitis lumbosacral, and lumbar spine disc protrusion at L5-S1. Treatment has included rest, activity modification, heat, medications, and injections. Straight leg raise seated test was positive. There was decreased range of motion to the lumbar spine. Range of motion was limited by pain and spasm. The treatment request included a 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 cite any medical evidence for its decision.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Work Hardening and Functional Capacity Evaluation Page(s): 125.

Decision rationale: MTUS discusses functional capacity evaluations (FCEs) in the context of work conditioning/work hardening. An FCE is recommended after a patient has plateaued in traditional physical therapy if there is concern about a patient's ability to perform a particularly type of work. In this case, the records do not clearly document a job description and concerns about the ability to perform a particular job. The records do not provide an alternate rationale to support clinical reasoning for this request. This request is not medically necessary.