

Case Number:	CM15-0136431		
Date Assigned:	07/24/2015	Date of Injury:	08/26/2008
Decision Date:	08/21/2015	UR Denial Date:	07/09/2015
Priority:	Standard	Application Received:	07/14/2015

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: Massachusetts

Certification(s)/Specialty: Physical Medicine & Rehabilitation, Pain Management

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 39 year old male, who sustained an industrial injury on 8/26/08. He has reported initial complaints of a back injury while working as a carpenter. The diagnoses have included chronic pain syndrome, chronic left lumbar radiculopathy, Depression, hypertension, myofascial pain syndrome, post laminectomy syndrome status post lumbar spine fusion and surgeries to the lumbar spine times three. Treatment to date has included medications, diagnostics, epidural steroid injection (ESI), 3 lumbar spine surgeries, physical therapy and other modalities. Currently, as per the physician progress note dated 6/5/15, the injured worker has trialed and failed multiple opioid medications and is currently taking Suboxone, Bupropion, and Gabapentin. The physician notes that his functionality continues to decrease by 60-70 percent. He is interested in returning to work, however he is unable to climb stairs, bend, kneel, stoop or bend from the waist. He also has extreme anxiety. The physical exam reveals that he is in mild distress and the lumbar range of motion is limited secondary to pain. There is no previous therapy sessions noted in the records. The injured worker has not worked since 2010. The physician requested treatment included One (1) functional capacity evaluation.

IMR ISSUES, DECISIONS AND RATIONALES

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

One (1) functional capacity evaluation: Overturned

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Fitness for Duty: functional capacity evaluation.

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, p64.

Decision rationale: The claimant sustained a work-related injury in August 2008 and was seen for an initial evaluation on 06/02/15. He underwent a lumbar laminectomy with discectomy in April 2010 and has also had a lumbar fusion. When seen, he was very interested in returning to work. He had a limited ability to stand, walk, climb stairs, bend, kneel, and stoop. Physical examination findings included appearing in mild distress. There was decreased lumbar range of motion due to pain. 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 and the claimant expresses interest in returning to work but has functional limitations. Obtaining a functional capacity evaluation to determine the claimant's current work capacity is medically necessary.