MAXIMUS Federal Services

Case Number:	CM15-0140495		
Date Assigned:	07/30/2015	Date of Injury:	07/06/2010
Decision Date:	08/28/2015	UR Denial Date:	06/24/2015
Priority:	Standard	Application Received:	07/20/2015

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, 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 37 year old male who sustained an industrial/work injury on 7-6-10. He reported an initial complaint of low back pain. The injured worker was diagnosed as having herniated nucleus pulposus at L4-5, mild stenosis and discogenic changes, mild degenerative changes in the thoracic spine, and scoliosis. Treatment to date includes medication, physical therapy, epidural steroid injections, acupuncture, and activity modification. MRI results were reported on 1-20-15. X-ray results were reported on 1-30-15. Currently, the injured worker complained of low back pain and left side of body pain. Pain was rated 6 out of 10 with medications and 8 out of 10 without. Per the primary physician's report (PR-2) on 6-10-15, exam noted slight antalgic gait, scoliosis, difficulty with walking on toes and heel due to left leg symptoms, limited range of motion to 50 percent of normal flexion, 40 percent of normal extension, and 60 percent of normal bilateral side bending, 4 out of 5 strength of the left extensor hallucus longus, 5- out of 5 strength of the left gastroc-soleus, and 5 out of 5 strength of all the other muscle groups, normal sensation and 1+ left Achilles reflex while 2+ in the right and bilateral knees. The requested treatments include one functional capacity evaluation.

IMR ISSUES, DECISIONS AND RATIONALES

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

One functional capacity evaluation: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints, Chronic Pain Treatment Guidelines Functional Capacity Evaluation. Decision based on Non-MTUS Citation ACOEM, Occupational Medicine Practice Guidelines, Chapter 7 Independent Medical Examinations and Consultations.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation ACOEM, Chapter 7, p. 137-138.

Decision rationale: Regarding request for functional capacity evaluation, ACOEM Practice Guidelines state that there is not good evidence that functional capacity evaluations are correlated with a lower frequency of health complaints or injuries. ODG states that functional capacity evaluations are recommended prior to admission to a work hardening program. The criteria for the use of a functional capacity evaluation includes case management being hampered by complex issues such as prior unsuccessful return to work attempts, conflicting medical reporting on precautions and/or fitness for modified job, or injuries that require detailed explanation of a worker's abilities. Additionally, guidelines recommend that the patient be close to or at maximum medical improvement with all key medical reports secured and additional/ secondary conditions clarified. Within the documentation available for review, there is no indication that there has been prior unsuccessful return to work attempts, conflicting medical reporting, or injuries that would require detailed exploration. Given this, the currently requested functional capacity evaluation is not medically necessary.