

Case Number:	CM15-0165223		
Date Assigned:	09/02/2015	Date of Injury:	01/27/2014
Decision Date:	10/06/2015	UR Denial Date:	08/05/2015
Priority:	Standard	Application Received:	08/24/2015

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:

This 40 year old female sustained an industrial injury on 1-27-14. She subsequently reported back pain. Diagnoses include lumbar sprain. Treatments to date include MRI testing, spine surgery, TENS therapy, physical therapy, injections and prescription pain medications. The injured worker has continued complaints of low back pain with lower extremity radiation. Upon examination, there was antalgic gait was noted. Lumbar range of motion was restricted. Tenderness to palpation was noted in the lumbar region. A request for Functional capacity evaluation (FCE) was made by the treating physician.

IMR ISSUES, DECISIONS AND RATIONALES

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

Functional capacity evaluation (FCE): Overturned

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Functional improvement measures Page(s): 48.

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 January 2014 and underwent a lumbar decompression in January 2015. When seen, she was having low back pain radiating to the lower extremities. She had completed physical therapy and was using a heating pad which were very helpful. A psychiatric evaluation was pending for mood issues. She had been released to work with restrictions which were not being accommodated. She works in shipping and receiving. Physical examination findings included decreased lumbar range of motion with paraspinal muscle and facet tenderness. There was a positive straight leg raising. A functional capacity evaluation is being requested. 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. The claimant has been released to work with restrictions that are not being accommodated. Obtaining a Functional Capacity Evaluation to determine the claimant's current work capacity and ongoing need and identification of restrictions and/or limitations is medically necessary.