

Case Number:	CM15-0168945		
Date Assigned:	09/09/2015	Date of Injury:	02/09/2015
Decision Date:	10/07/2015	UR Denial Date:	07/29/2015
Priority:	Standard	Application Received:	08/27/2015

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 male, who sustained an industrial injury on 2-9-2015. The injured worker was diagnosed as having lumbar spine sprain, right lumbar radiculopathy, and lumbar disc protrusion. On 6-23-2015, he reported continuing physical therapy with improvement and some flare up of back pain with increased activity. He also reported right leg pain. He is noted to have an antalgic gait. The physical examination noted tenderness in the upper, mid and low back muscles, increased pain with lumbar range of motion, negative straight leg raise and rectus femoris stretch sign. The pelvic area elicited no tenderness and a negative Fabere sign. Hip examination revealed no tenderness and no pain on range of motion. His calves were noted to have no swelling, tenderness or venous cords and a negative Homan sign. He has a decreased sensation in the right L5 with a trace weakness in the right lower extremity. On 7-14-2015, he reported that therapy gave improvement. He is noted to have an antalgic gait favoring the back and right leg due to pain. He has tenderness in the upper, mid and lower back muscles, and increased pain is noted with motion. There is a negative straight leg raise and rectus femoris stretch sign. The pelvis is tender to palpation, and a negative Fabere sign, the hips and calves do not elicit tenderness to palpation. He has a decreased sensation in the right L5 with a trace weakness in the right lower extremity. On 9-2-2015 he reported a decision to not proceed with a lumbar epidural. Diagnostic results: Electrodiagnostic studies were requested; however it is unclear if they have been completed. The treatment to date has included: Physical therapy, medications. The request for authorization is for a functional capacity evaluation. The UR report dated 7-29-2015 provided a non-certification of 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 base their decision on the MTUS. Decision based on Non-MTUS Citation ACOEM, Chapter 7: Independent Medical Examinations and Consultations, page 132-139.

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) Chapter7, p63-64.

Decision rationale: The claimant sustained a work injury in February 2015 and is being treated for low back pain. When seen, he was continuing with physical therapy with continued improvement. He was having flare-up of back pain with increased activity. Physical examination findings included an antalgic gait. There was decreased and painful lumbar range of motion with tenderness. Straight leg raising and femoral strength testing was negative. There was decreased right lower extremity strength and sensation. Recommendations included continued physical therapy. A home TENS unit was requested and there was consideration of a lumbar epidural steroid injection. Temporary total disability was continued. A Functional Capacity Evaluation is an option for select patients with chronic pain when a physician thinks the information might be helpful to attempt to objectify worker capability with respect to either a specific job or general job requirements. In this case, there is no return to work plan. The claimant is continuing to improve with physical therapy which is being continued. He is not considered at maximum medical improvement. A Functional Capacity Evaluation at this time is not considered medically necessary.