

Case Number:	CM15-0183113		
Date Assigned:	09/24/2015	Date of Injury:	06/26/2015
Decision Date:	11/09/2015	UR Denial Date:	08/20/2015
Priority:	Standard	Application Received:	09/17/2015

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, North Carolina
 Certification(s)/Specialty: Family Practice

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 54 year old male who sustained an industrial injury on 06-26-2015. Medical records indicate injured worker was treated for neuralgia, neuritis and radiculitis, and sprains-strains of the lumbar. Treatment to date has included chiropractic care, physical therapy, and a back brace, use of heat and cold therapies, and medications of Acetaminophen, Etodolac ER, and Orphenadrine Citrate. A MRI of the lumbar spine on 08-02-2015 showed straightening of the normal lumbar lordosis either related to position or muscle spasm. There was no evidence of fracture or contusion. There was no evidence of herniated nucleus pulposus, Neural foraminal narrowing or canal stenosis T12 through L2. There is a 2 mm circumferential disk bulge L2-L3, desiccation and degeneration of the disk L4-L5, and bilateral facet hypertrophy L5-S1. In the provider notes of 08-05-2015, the worker complains of low back pain and stiffness with radiating pain to the mid back. Pain is rated as a 7 on a scale of 0-10. Physical exam revealed decreased lumbar range of motion, tenderness over L1-L5, spinous processes and paravertebral muscles, bilateral sacroiliac joints, and the coccyx. His straight leg raise is positive and he walks with an antalgic gait. The worker is off work until 09-20-2015. A request for authorization was submitted for: FCE- initial, Medication consult Qty: 1 and Acupuncture 1 time a week for 6 weeks. A utilization review decision 08-20-2015 non-certified the FCE-Initial, Certified the medication consultation, and certified the Acupuncture 1x per week for 6 weeks.

IMR ISSUES, DECISIONS AND RATIONALES

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

FCE- initial: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: Decision based on MTUS General Approaches 2004, Section(s): Cornerstones of Disability Prevention and Management. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Fitness for duty.

Decision rationale: CA MTUS/ACOEM Guidelines state that a number of functional assessment tools are available, including functional capacity examinations when reassessing function and functional recovery. ODG do not recommend proceeding with a functional capacity evaluation (FCE) if the sole purpose is to determine a worker's effort or compliance and/or if the worker has returned to work without having an ergonomic assessment arranged. In this case, there are no medical records requesting an initial FCE. No RFA forms have been submitted for review. An MRI of the lumbar spine was essentially normal. A return to work, apparently without restrictions, was scheduled for 9/20/15. Thus, it is unclear why an FCE is necessary. Therefore, the request for an FCE is not medically necessary or appropriate.