

Case Number:	CM15-0183485		
Date Assigned:	09/24/2015	Date of Injury:	02/05/2015
Decision Date:	10/29/2015	UR Denial Date:	08/17/2015
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: 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 62 year old male, who sustained an industrial injury on 02-05-2015. He has reported subsequent neck radiating to the bilateral upper extremities and back pain radiating to the bilateral lower extremities and was diagnosed with cervical and lumbosacral sprain and strain, cervical and lumbar injury, cervical and lumbar pain, bilateral sacroiliac joint sprain and sciatica. MRI of the lumbar spine on 03-25-2015 was noted to show L3-L4 degenerative disc disease with 3-4 mm disc bulging and 2-3 mm disc bulging at L4-L5 with 5 mm retrolisthesis. Work status was documented as temporarily totally disabled. Treatment to date has included pain medication, rest, lumbar epidural injection, acupuncture, physical therapy and a transcutaneous electrical nerve stimulator (TENS) unit. In a progress note dated 08-10-2015, the injured worker reported neck pain radiating to the bilateral upper extremities with numbness and tingling that was rated as 8 out of 10 without medications and 6.5 out of 10 with medications and low back pain radiating to the bilateral lower extremities with numbness and tingling that was rated as 10 out of 10 without medications and 7 out of 10 with medications. Objective examination findings showed decreased and painful range of motion of the cervical and lumbar spine, tenderness to palpation of the cervical and lumbar paravertebral muscles, bilateral trapezzi, cervicothoracic junction, thoracolumbar junction, bilateral sacroiliac joints and suboccipitals and muscle spasm of the bilateral trapezzi, cervical paravertebral muscles, cervicothoracic junction, bilateral gluteus and lumbar paravertebral muscles. The physician prescribed topical creams and recommended physical therapy, acupuncture, shockwave therapy and CMT. A request for authorization of baseline functional capacity evaluation was submitted. As per the 08-17-2015 utilization review, the request for baseline functional capacity evaluation was non-certified.

IMR ISSUES, DECISIONS AND RATIONALES

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

Baseline functional capacity evaluation: Upheld

Claims Administrator 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, FCE.

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, p63-64.

Decision rationale: The claimant sustained a work injury in February 2015 when he had low back pain while picking up metal gas cylinders. He was seen for an initial pain management evaluation on 06/15/14. He was having neck, low back, and hip pain and secondary depression and anxiety. Physical examination findings included appearing in mild distress. There was a guarded gait. There was cervical and lumbar tenderness with decreased and painful range of motion. There was paraspinal muscle and trapezius and gluteal muscle tenderness with spasms. There was bilateral hip tenderness with decreased range of motion. There was decreased lower extremity strength and sensation. Medications were prescribed. Authorization for additional testing and for physical therapy and acupuncture treatments was requested. He was continued at temporary total disability. A functional capacity evaluation is being requested. 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 and he continues at temporary total disability. The claimant has been referred for additional physical therapy treatments and acupuncture. He is not considered at maximum medical improvement. A Functional Capacity Evaluation at this time is not medically necessary.