

Case Number:	CM15-0188367		
Date Assigned:	09/30/2015	Date of Injury:	08/30/2014
Decision Date:	11/09/2015	UR Denial Date:	09/09/2015
Priority:	Standard	Application Received:	09/24/2015

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:

The injured worker is a 39 year old male, who sustained an industrial injury on 8-30-14. Current diagnoses or physician impression includes lumbar spine herniated nucleus pulposus, lumbar spine pain, lumbar spine radiculopathy and sciatica. His work status is full duty without restriction. A note dated 9-1-15 reveals the injured worker presented with complaints of slight low back pain that radiated into his left buttock accompanied by numbness. A note dated 8-5-15 reveals complaints of mild to moderate low back pain that radiates through his left buttock that extends to his left thigh associated by numbness and tingling sensations. The pain is rated at 4 out of 10. A note dated 6-15-15 revealed a low back pain rating of 1 out of 10. A physical examination dated 8-5-15 and 9-1-15 revealed no tenderness or myospasms note in the lumbosacral spine. There is mildly restricted range of motion noted. Treatment to date has included lumbar epidural steroid injection provided 80% pain relief for at least 5 months, per note dated 9-1-15. He has engaged in chiropractic care with temporary, but moderate benefit, per note dated 9-1-15. An MRI dated 1-7-15 revealed "disc bulge at L4-L5 measuring 5 mm and bilateral facet arthropathy causing mild dural compression with bilateral lateral recess narrowing encroaching the traversing L5 nerves and mild bilateral neural foraminal stenosis and conjoined nerve involving the left L5-S1 nerves affecting their courses". A request for authorization dated 9-3-15 for functional capacity evaluation is non-certified, per Utilization Review letter dated 9-9-15.

IMR ISSUES, DECISIONS AND RATIONALES

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

1 Functional capacity evaluation: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Fitness For Duty, Functional capacity evaluation (FCE).

Decision rationale: The claimant sustained a work injury while lifting in August 2014 and is being treated for chronic low back pain. When seen, there had been sustained relief of 80% after an epidural steroid injection in March 2015. Chiropractic treatments were providing temporary but moderate benefit. Physical examination findings included mildly restricted range of motion. He was released to unrestricted work. Continued chiropractic treatments were recommended and a functional capacity evaluation was requested to determine his current and future work capabilities. A functional capacity evaluation can be recommended prior to admission to a Work Hardening Program. It is not recommend for routine use as part of occupational rehabilitation or screening. A functional capacity evaluation should not be performed if the worker has returned to work and an ergonomic assessment has not been performed. In this case, the claimant has been released to unrestricted work. A Work Hardening Program is not being considered. The request for a functional capacity evaluation is not considered medically necessary.