

Case Number:	CM15-0193147		
Date Assigned:	10/07/2015	Date of Injury:	01/13/2000
Decision Date:	12/29/2015	UR Denial Date:	09/29/2015
Priority:	Standard	Application Received:	10/01/2015

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: Pennsylvania

Certification(s)/Specialty: Internal Medicine, Hospice & Palliative Medicine

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 1-13-2000. The medical records indicate that the injured worker is undergoing treatment for lumbar spine strain; rule out stenosis and herniated nucleus pulposus. According to the progress report dated 9-2-2015, the injured worker presented with complaints of constant pain in the low back with radiation down the bilateral lower extremities, associated with numbness. On a subjective pain scale, he rates his pain 5 out of 10. The physical examination of the lumbar spine reveals tenderness to palpation over the paraspinal muscles with spasm, decreased range of motion, and positive straight leg raise test bilaterally. The current medications are not specified. There were no previous diagnostic studies noted. Treatments to date or work status was not indicated. The treatment plan included x-rays and MRI of the lumbar spine, chiropractic therapy, urine toxicology screening, range of motion testing, and functional capacity evaluation. The original utilization review (9-29-2015) had non-certified a request for 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 (FCE): 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-Referral Issues and the IME Process.

MAXIMUS guideline: Decision based on MTUS General Approaches 2004, Section(s): Initial Approaches to Treatment, Cornerstones of Disability Prevention and Management.

Decision rationale: The MTUS Guidelines support the use of a functional capacity evaluation (FCE) if it is necessary to translate a medical problem into functional limits and/or to determine a worker's capacity to perform work duties. This more precise and detailed assessment is not needed in every case. The submitted and reviewed documentation indicated the worker had been experiencing lower back pain with leg numbness. The submitted records did not contain a discussion sufficiently detailing the reason a functional capacity evaluation was needed in this case. In the absence of such evidence, the current request for a functional capacity evaluation is not medically necessary.