

Case Number:	CM15-0194350		
Date Assigned:	10/08/2015	Date of Injury:	03/29/2011
Decision Date:	11/18/2015	UR Denial Date:	09/03/2015
Priority:	Standard	Application Received:	10/02/2015

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 female, who sustained an industrial injury on 3-29-11. The injured worker has complaints of right low back pain formally referring to the right lower extremity and now focused primarily in the right buttocks on 8-26-15. The documentation noted that zorvolex helps decrease pain from 7 to 8 out of 10 down to 5 out of 10 and that most of the time her pain is at 5 out of 10. The documentation noted that tramadol is used now approximately every other week with flares upon lifting, carrying and climbing up more than down stairs specifically for prolonged periods of time. Bilateral seated straight leg raise is 90 degrees with no referral to lower extremities. There is moderate tenderness and spasms are noted over the L4-L5 region. Range of motion is complete in all directions with slight pain upon extension and bilateral lateral flexion on the left referring to the right side. The diagnoses have included degeneration of lumbar or lumbosacral intervertebral disc; L5-S1 (sacroiliac) disc injury with extrusion and right sciatica. Treatment to date has included home exercise program; aquatic program with strengthening of the bilateral knees and back; zorvolex and tramadol. The original utilization review (9-3-15) non-certified the 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: Overturned

Claims Administrator guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Functional restoration programs (FRPs).

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 March 2011 when, while working as a Deputy Sheriff, she was securing a large entrance door and felt low back pain with right lower extremity radiating symptoms. She was seen by the requesting provider on 08/26/15. She was no longer having right lower extremity symptoms. Physical examination findings included slight pain with lumbar range of motion and moderate tenderness and spasms. The claimant had been working without restrictions until June 2015 when she was placed out of work on a nonindustrial basis and at modified work on 07/10/15. However, she was continuing to work at full duty. The functional capacity evaluation was requested since the claimant did not agree that modified duty was necessary. 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, the claimant's current work restrictions are not consistent with her current ability to work at full duty. Clarification is needed. The request is appropriate and medically necessary.