

Case Number:	CM15-0200968		
Date Assigned:	10/19/2015	Date of Injury:	05/29/2014
Decision Date:	11/25/2015	UR Denial Date:	09/23/2015
Priority:	Standard	Application Received:	10/13/2015

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:

This is a 27 year old male with a date of injury of May 29, 2014. A review of the medical records indicates that the injured worker is undergoing treatment for lumbosacral spondylosis without myelopathy. Medical records dated June 25, 2015 indicate that the injured worker complained of lower back pain with radiation to the buttocks, posterior, thighs and legs, with numbness in the posterior thighs and legs. A progress note dated September 1, 2015 documented complaints similar to those reported on June 25, 2015. The physical exam dated June 25, 2015 reveals full motor strength of all extremities, intact sensation to light touch, and tenderness to palpation of the low back. The progress note dated September 1, 2015 documented a physical examination that showed no changes from the examination performed on June 25, 2015. Treatment has included one month of physical therapy with no improvement, medications (Mobic), epidural steroid injection, and magnetic resonance imaging of the lumbar spine (August 11, 2015) that showed a broad-based central disc protrusion at L4-5 that flattens the ventral thecal sac with mild facet arthropathy and minimal foraminal narrowing, and a broad-based right paracentral and lateral disc protrusion touching the right S1 nerve root without impingement with mild facet arthropathy and bilateral foraminal narrowing. The original utilization review (September 23, 2015) non-certified a request for a functional capacity evaluation.

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; Functional capacity evaluation (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 may 2014 when he jumped while wearing a tool belt. He continues to be treated for low back pain with lower extremity radicular symptoms. An MRI of the lumbar spine in August 2015 included findings of a right lateralized L5/S1 disc herniation. When seen, there had been no improvement after an epidural injection or after one month of physical therapy. He had pain rated at 8/10. Physical examination findings included negative straight leg raising. Imaging results were reviewed. Lumbar spine surgery was discussed and he was referred to his primary care provider due to an elevated body mass index over 25. A lumbar discogram was requested prior to surgery. Authorization is also being requested for a functional capacity evaluation. 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. The claimant has been referred for additional testing and lumbar spine surgery is being planned. He is not considered at maximum medical improvement. A Functional Capacity Evaluation at this time is not medically necessary.