

Case Number:	CM15-0213178		
Date Assigned:	11/03/2015	Date of Injury:	06/04/2010
Decision Date:	12/15/2015	UR Denial Date:	10/01/2015
Priority:	Standard	Application Received:	10/29/2015

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 39 year old male sustained an industrial injury on 6-4-10. Documentation indicated that the injured worker was receiving treatment for chronic low back pain with right lower extremity radiculopathy, cervical spondylosis, myofascial pain and chronic pain syndrome. Recent treatment consisted of medication management and injections via pain management. In the most recent documentation submitted for review, a visit note dated 9-30-15, the injured worker complained of ongoing diffuse neck, left upper extremity, thoracic back, low back and bilateral lower extremity pain. Physical exam was remarkable for lumbar spine with palpable taut bands, "soft tissue dysfunction" and spasms with positive right straight leg raise and "somewhat impaired coordination". The treatment plan included right L3-S1 and left L5-S1 radiofrequency ablation, trigger point injections and continuing medications (Baclofen, Duragesic, Gap, Lidocaine ointment, Norco, Omeprazole and Naproxen Sodium). In a PR-2 dated 4-7-15, the injured worker continuing ongoing low back pain, rated 8 to 9 out of 10 on the visual analog scale, with radiation down the right leg and numbness in the right foot. The physician noted that the injured worker had been recommended for lumbar surgery but the procedure had been denied. The injured worker had asked the physician to fill out permanent disability paperwork during the office visit. The physician stated that he believed that the injured worker was permanently disabled from his injury. The physician recommended lumbar magnetic resonance imaging and a functional capacity evaluation. On 10-1-15, Utilization Review noncertified 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:

Functional Capacity Evaluation per office: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines, Fitness For Duty, Functional Capacity Evaluation (FCE).

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) and Other Medical Treatment Guidelines American College of Occupational and Environmental Medicine (ACOEM), 2nd Edition, (2004) Chapter 7, p63-64.

Decision rationale: The claimant sustained a work injury in June 2010 with injury related to unloading trailers and having several heavy objects fall on top of him. He continues to be treated for low back pain. In January 2015 he underwent right L3, L4, and L5 medial branch radiofrequency ablation. When seen, he had low back pain rated at 8-9/10. He was receiving pain management services. He was also having right lower extremity radicular symptoms. Physical examination findings included positive right straight leg raising with decreased right first toe extension strength. Authorization was requested for an MRI of the lumbar spine. Surgical intervention had not been ruled out. He was considered permanently disabled and permanent disability paperwork was completed. Authorization was requested for a new MRI scan of the lumbar spine and 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 and the claimant is considered permanently disabled. Further testing is being requested and surgery has not been excluded as a possible recommendation. He is not considered at maximum medical improvement. A Work Hardening program is not being recommended. A Functional Capacity Evaluation at this time is not medically necessary.