

Case Number:	CM15-0058071		
Date Assigned:	04/02/2015	Date of Injury:	09/30/2011
Decision Date:	05/01/2015	UR Denial Date:	03/16/2015
Priority:	Standard	Application Received:	03/26/2015

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: Arizona, California
 Certification(s)/Specialty: Family Practice

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 61 year old male with an industrial injury dated 09/30/2011. His diagnosis includes chronic pain syndrome, disc displacement with radiculitis - lumbar, degeneration of lumbar or lumbosacral intervertebral disc and lumbosacral spondylosis without myelopathy. Prior treatment included physical therapy, medications, diagnostics (MRI), and epidural and medial branch blocks. The utilization review references a progress note dated 03/05/2015 however, the only progress note available for this review is dated 11/10/2014. There is an operative note for radiofrequency lesioning of the medial branches of the posterior ramus (right lumbar 3, 4, and 5). In the note dated 11/10/2014 the injured worker presents for follow-up and management of chronic pain. He states current medication use is stable and adequate providing good pain relief. The injured worker states physical therapy and epidural steroid injections did not help his pain. He is complaining of persistent numbness in the right leg. Physical exam revealed tenderness in the right paraspinal muscles in the mid and lower thoracic spine. There was moderate tenderness over the right lumbar facets. Spine extension was restricted and painful. The current request is for 1 mini functional capacity evaluation.

IMR ISSUES, DECISIONS AND RATIONALES

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

MINI 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 (ODG) Treatment Index, 11th Edition (web), 2015, Fitness for Duty/Functional capacity evaluation (FCE).

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines functional capacity evaluation Page(s): 48.

Decision rationale: According to the guidelines, activities at work that increase symptoms need to be reviewed and modified. A functional capacity evaluation is indicated when information is required about a worker's functional abilities that is not available through other means. It is recommended that wherever possible should reflect a worker's capacity to perform the physical activities that may be involved in jobs that are potentially available to the worker. In this case, there is no mention of returning to work or description of work duties that require specific evaluation. No documentation on work hardening is provided. As a result, a functional capacity evaluation is not medically necessary.