

Case Number:	CM15-0082342		
Date Assigned:	05/04/2015	Date of Injury:	02/17/2012
Decision Date:	06/03/2015	UR Denial Date:	04/06/2015
Priority:	Standard	Application Received:	04/29/2015

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:

The injured worker is a 24 year old male, who sustained an industrial injury on February 17, 2012. The injured worker reported low back pain due to bending. The injured worker was diagnosed as having lumbago. Treatment and diagnostic studies to date have included X-ray, magnetic resonance imaging (MRI), physical therapy and medication. A progress note dated February 26, 2015 provides the injured worker complains of low back pain radiating to buttocks, left hip, thigh, knee and foot. He reports numbness tingling, weakness and burning in the leg and foot. Physical exam notes lumbar tenderness with decreased range of motion (ROM). The plan includes pain management evaluation, oral and topical medication and 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: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines.

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) Chapter7, p63-64.

Decision rationale: The claimant is more than three years status post work-related injury and continues to be treated for radiating low back pain. When seen, he was having radiating back pain ranging from 2-10/10. He had symptoms of numbness, weakness, tingling, and burning affecting his left leg. Physical examination findings included decreased and painful lumbar spine range of motion with tenderness. Straight leg raising was negative. Authorization for an MRI scan and electrodiagnostic testing was requested. He was referred for further evaluation for pain management. He was returned to work without restrictions at his request. A Functional Capacity Evaluation is an option for a patient with chronic stable low back 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, additional testing and evaluation is being requested. He is therefore not considered at maximum medical improvement. He is also working without restrictions and his work capability is not currently at issue. Requesting a functional capacity evaluation at this time is not medically necessary.