

Case Number:	CM15-0089746		
Date Assigned:	05/14/2015	Date of Injury:	06/03/2010
Decision Date:	06/16/2015	UR Denial Date:	05/05/2015
Priority:	Standard	Application Received:	05/11/2015

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: New York, Pennsylvania, Washington
 Certification(s)/Specialty: Internal Medicine, Geriatric Medicine

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 46 year old female, who sustained an industrial injury on 06/03/2010. She has reported injury to the low back. The diagnoses have included chronic low back pain; lumbar degenerative disc disease; and right sciatica. Treatment to date has included medications, diagnostics, transforaminal lumbar epidural steroid injections, and chiropractic therapy. Medications have included Ibuprofen, Tramadol, and Lidoderm patches. A progress note from the treating physician, dated 03/25/2015, documented a follow-up visit with the injured worker. Currently, the injured worker complains of continued chronic low back pain with radicular symptoms to the right lower extremity; and describes her pain as 5-6/10 in intensity without her medications, and 3-4/10 in intensity with her medications. Objective findings included slight-to-moderate tenderness noted in the right lower lumbar paraspinal region; seated straight leg raise is positive on the right; and deep tendon reflexes in the lower extremities were 2+/4 and symmetrical bilaterally. As per recommendation, the treatment plan has included 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: 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 Chapter, Functional Capacity Evaluation.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 2 General Approach to Initial Assessment and Documentation, Chapter 1 Prevention Page(s): 12, 21.

Decision rationale: Per the ACOEM, there is not good evidence that functional capacity evaluations are correlated with a lower frequency of health complaints and injuries. Such evaluations can translate medical impairment into functional limitations and determine work capability. This injured worker was already able to participate in chiropractic therapy and the records do not support that the worker has had prior unsuccessful return to work attempts to substantiate the medical necessity for a functional capacity evaluation. The request, therefore, is not medically necessary.