

Case Number:	CM14-0145186		
Date Assigned:	09/12/2014	Date of Injury:	02/27/2012
Decision Date:	10/27/2014	UR Denial Date:	08/22/2014
Priority:	Standard	Application Received:	09/08/2014

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. The expert reviewer is Board Certified in Physical Medicine and Rehabilitation, has a subspecialty in Pain Medicine and is licensed to practice in California. 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/services. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

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 50 year-old female who was reportedly injured on 2/27/2012. The mechanism of injury is noted as a slip and a slip and fall. The most recent progress note dated 7/29/2014 indicates that there are ongoing complaints of low back pain that radiates into the bilateral lower extremities. The physical examination demonstrated slow gait which is guarded and antalgic, unable to heel or toe walk due to pain. No tenderness. Range of motion of lumbar spine flexion 30, extension zero, right lateral bend 15, left lateral Ben 10. Decreased sensation in the right 4,5 and S1 dermatome. Muscle strength five-/5 bilateral lower extremities. Straight leg raise is 60 elicited symptoms to the lateral foot. Diagnostic imaging studies include a CT scan of the lumbar spine dated 3/27/2014 which revealed 4-5 posterior hardware and disk space are posterior bulging, stenosis of the upper part of the canal at level LV-S1 posterior bulging disc and Elf 3-4 minimally bulging disc. Previous treatment includes lumbar fusion, medications, physical therapy, chiropractic care, and conservative treatment. A request was made for one functional capacity evaluation and was not certified in the pre-authorization process on 8/22/2014.

IMR ISSUES, DECISIONS AND RATIONALES

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

One Functional Capacity Evaluation: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Other Medical Treatment Guideline or Medical Evidence: American College of Occupational and Environmental Medicine (ACOEM) - Independent Medical Examinations and Consultations - Referral Issues and the IME Process - (electronically sited).

Decision rationale: ACOEM practice guidelines indicated that functional capacity evaluations are recommended to "translate medical impairment into functional limitations and determine work capability ." Medical records provided for review indicate that employee is not working, and there is no evidence of return-to-work plan for which work restrictions would be necessary. The request for a functional capacity evaluation is not medically necessary or appropriate.