

Case Number:	CM14-0146004		
Date Assigned:	09/12/2014	Date of Injury:	05/02/2008
Decision Date:	10/16/2014	UR Denial Date:	08/08/2014
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 Anesthesiology, has a subspecialty in Pain Medicine and is licensed to practice in Florida. 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 75-year-old male who reported an injury on 05/02/2008 due to a slip and fall. The diagnosis was disc herniation with lumbar radiculopathy. Past treatments were physical therapy, acupuncture, chiropractic sessions, and epidural steroid injections. An MRI of the lumbar spine revealed L5-S1 mild diffuse disc bulge with a superimposed small 4 to 5 mm broad based left paracentral disc protrusion abutting the inferiorly traversing left S1 nerve root, resulting in left lateral recess stenosis. At the L3-4 there was a mild right sided neural foraminal stenosis. At the L2-3 there was a small 4 mm focal right foraminal/extraforaminal disc protrusion. Physical examination on 09/05/2013 revealed complaints of pain that radiated down into the left hip. Upon examination of the lumbar spine with palpation over the paraspinal muscles, pain was elicited, more on the left versus the right. Range of motion for flexion was to 35 to 40 degrees and extension was to 10 degrees. There was a positive straight leg raise on the left. There was a positive Faber sign on the left. Examination of the hips revealed no palpable crepitus or clicking. Hip joint range of motion was full and equal to the opposite normal side. Examination of the knees revealed range of motion was unrestricted, with no crepitus in the patellofemoral joint. There was no tenderness to palpation over the medial aspects of the knees. Sensation was intact to light touch, pinprick, and 2 point discrimination in all dermatomes in the bilateral lower extremities. Medications were not reported. The rationale and Request for Authorization were not submitted.

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 Functional Improvement Measures. Decision based on Non-MTUS Citation ODG (Official Disability Guidelines); Functional Capacity Evaluations

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

Decision rationale: The California ACOEM Guidelines indicate there is a functional assessment tool available, and that is a functional capacity evaluation. However, it does not address the criteria. As such, secondary guidelines were sought. Official Disability Guidelines indicate that a functional capacity evaluation is appropriate when a worker has had prior unsuccessful attempts to return to work, has conflicting medical reports, the patient had an injury that required a detailed exploration of a worker's abilities, a worker is close to maximum medical improvement, and/or additional or secondary conditions have been clarified. However, the evaluation should not be performed if the main purpose is to determine a worker's effort or compliance, or the worker has returned to work and an ergonomic assessment has not been arranged. It is recommended prior to admission to a work hardening program, with preference for assessments tailored to a specific task or job. It was not reported that the injured worker had attempted to return to work. It was not reported that the injured worker was to attend a work hardening program. The clinical information submitted for review does not provide evidence to justify a functional capacity evaluation. Therefore, The Functional Capacity Evaluation is not medically necessary.