

<b>Case Number:</b>	CM14-0176501		
<b>Date Assigned:</b>	10/29/2014	<b>Date of Injury:</b>	06/14/2012
<b>Decision Date:</b>	12/16/2014	<b>UR Denial Date:</b>	10/17/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	10/24/2014

### 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 63-year-old male who sustained an injury on 6/14/12. As per the 7/18/14 report, he was referred by his PCP for evaluation of severe lower extremity edema, hypertension and borderline diabetes. He was also being treated for low back pain. Examination revealed tenderness in lumbosacral spine and para-lumbosacral soft tissues with increased muscular tone, lumbar flexion 45 degrees, extension 5 degrees, right lateral flexion 10 degrees, left lateral flexion 10 degrees, right rotation 15 degrees, left rotation 15 degrees. SLR test was positive bilaterally beyond 45 degrees, 3+ board-like edema in bilateral lower legs and feet, tenderness in dorsal aspect of left ankle, left ankle dorsiflexion 10 degrees, and plantar flexion 20 degrees. X-rays of the lumbar spine dated 8/4/14 revealed spondylotic change and constipation with diffuse amount of stool within the colon. CT scan of the lumbar spine dated 8/4/14 revealed spondylotic change, 2-3 mm posterior disc bulge resulting in mild bilateral neural foraminal narrowing and mild canal stenosis at L4-5 and 2-3 mm posterior disc bulge resulting in moderate right neural foraminal narrowing and mild canal stenosis at L5-S1. He had left ankle surgery in 1985. He is currently on two antihypertensive medications as well as medication for treatment of hypercholesterolemia (names not documented), and was prescribed omeprazole, and Tramadol. He appears to have undergone extracorporeal shockwave therapy on a few occasions, the latest one being on 4/8/14. He previously failed other conservative treatments including physical therapy, manipulation, acupuncture, and injections before ESWT was sought. Diagnoses include lumbar sprain/strain, ankle internal derangement, obesity, and diabetes, uncontrolled. The request for Weight loss specialist evaluation and Functional capacity evaluation was denied.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Weight loss specialist eval:** Upheld

**Claims Administrator guideline:** Decision based on MTUS ACOEM.

**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) Independent Medical Evaluation and Consultation

**Decision rationale:** As per CA MTUS/ACOEM guidelines, the occupational health practitioner may refer to other specialists if a diagnosis is uncertain or extremely complex, when psychosocial factors are present, or when the plan or course of care may benefit from additional expertise." Further guidelines indicate consultation is recommended to aid in the diagnosis, prognosis, therapeutic management, determination of medical stability, and permanent residual loss and/or the examinee's fitness for return to work. In this case, the injured worker's weight is unknown and the specific reason for the request has not been mentioned. It is unclear what is referred to, as 'The weight loss specialist'. Therefore, the request for Weight loss specialist Eval is not medically necessary.

**Functional capacity evaluation:** Upheld

**Claims Administrator guideline:** Decision based on MTUS ACOEM.

**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

**Decision rationale:** As per ODG guidelines, Functional capacity evaluation (FCE) is recommended prior to admission to a Work Hardening (WH) Program. Furthermore, the recommendations are to consider FCE if the injured worker has had prior unsuccessful return to work attempts or there is conflicting medical reporting on precautions and / or illness for a modified job or if the patient's injuries are such that require detailed exploration of the worker's abilities. The guidelines state criteria for admission to Work Hardening Program; Previous PT (There is evidence of treatment with an adequate trial of active physical rehabilitation with improvement followed by plateau, with evidence of no likely benefit from continuation of this previous treatment) and rule out surgery (The patient is not a candidate for whom surgery, injections, or other treatments would clearly be warranted to improve function). The medical records do not demonstrate the evidence of treatment with an adequate trial of active physical rehabilitation with improvement followed by plateau and with evidence of no likely benefit from continuation of the previous treatment. Moreover, the records do not show unsuccessful prior return to work or need for modified work. According to these reasons, the IW is not a candidate for WH program, and therefore the Functional capacity evaluation is not medically necessary.