

Case Number:	CM14-0179439		
Date Assigned:	11/03/2014	Date of Injury:	12/08/2013
Decision Date:	12/09/2014	UR Denial Date:	10/20/2014
Priority:	Standard	Application Received:	10/29/2014

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 New York 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 patient is a 61 years old male with a date of injury of 12/08/2013. He developed low back pain without any specific injury. He was evaluated in an ER and given an injection for pain. Imaging studies were done and he was discharged with a note excusing him from work until 12/17/2013. He was treated with NSAIDS, back brace and modified duty. On 01/31/2014 he had a MRI of the lumbar spine that revealed a moderate L3-L4 canal stenosis. On 03/04/2014 he had NCS/EMG that revealed a chronic bilateral L5 radiculopathy. On 05/31/2014 and on 10/06/2014 he was returned to full duty. On 09/29/2014 he had an exacerbation and was on modified duty until 10/06/2014. He was examined on 10/10/2014 and there were no radicular symptoms. He was treated with Naproxen and PRN with hydrocodone 10/325 when needed (averaging one a day). Gait was normal. Normal lumbar lordosis was present. He had slight to moderate pain on palpation of the lumbar paraspinal muscles. Lumbar range of motion was slightly decreased because of pain. Reflexes were normal. He had normal muscle strength and normal sensation. Straight leg raising was negative. He was placed on modified duty and a FCE was requested.

IMR ISSUES, DECISIONS AND RATIONALES

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

Functional Capacity Evaluation (FCE) for the lumbar spine as an outpatient: Upheld

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

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints
Page(s): 287 - 316.

Decision rationale: The date of injury was 12/08/2013 and there was no acute injury documented. He was back to full duty in 05/2014 and remained on full duty until 09/29/2014 when he was placed on modified duty. So he was on full duty for 4 months. He returned to full duty on 10/06/2014 and was placed on modified duty on 10/10/2014 when the FCE was requested. The exam on 10/10/2014 revealed muscle spasm with a slightly decreased lumbar range of motion. The FCE is ordered to determine if the patient who sustained an injury and is ready to return to work. The FCE is not used for a patient who is working full duty. MTUS ACOEM Chapter 12 does not document the use of an FCE in a patient who has returned to full duty for months. The request is not medically necessary.