

Case Number:	CM14-0089139		
Date Assigned:	09/08/2014	Date of Injury:	06/09/2013
Decision Date:	10/15/2014	UR Denial Date:	05/28/2014
Priority:	Standard	Application Received:	06/13/2014

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 and is licensed to practice in Nevada. 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 records, presented for review, indicate that this 53-year-old gentleman was reportedly injured on June 9, 2013. The mechanism of injury was noted as repetitive motion. The most recent progress note, dated January 17, 2014, indicated that there were ongoing complaints of low back pain radiating to the right lower extremity. The physical examination demonstrated tenderness over the lower lumbar spine paraspinal muscles and a positive right-sided straight leg raise test. There were decreased sensation in the right L4 and L5 nerve distributions as well as weakness with right foot dorsi flexion. There was also a diminished right-sided Achilles reflex. Diagnostic imaging studies of the lumbar spine revealed disc protrusions at L3-L4, L4-L5 and L5-S1. There was also severe lateral recess stenosis at L3-L4. Previous treatment included physical therapy, a lumbar epidural steroid injection, and oral medications. A request had been made for a functional capacity evaluation and was not certified in the pre-authorization process on May 28, 2014.

IMR ISSUES, DECISIONS AND RATIONALES

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

Functional Capacity Evaluation (FCE): Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation MTUS ACOEM 2nd ed. Chap. 7, page 137 regarding functional ability evaluations ; 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, Updated September 23, 2014.

Decision rationale: According to the Official Disability Guidelines, a functional capacity evaluation is only indicated if there have been unsuccessful prior to return to work attempts or if the injured employee is close to or at maximum medical improvement. According to the progress note dated January 17, 2014, it is not stated that the injured employee has attempted to return to work and there are signs and symptoms of a right lower extremity radiculopathy making it possible that the injured employee may be a future surgical candidate. Considering this, the request for a functional capacity evaluation is not medically necessary.