

Case Number:	CM15-0100053		
Date Assigned:	06/02/2015	Date of Injury:	05/24/2011
Decision Date:	06/30/2015	UR Denial Date:	05/14/2015
Priority:	Standard	Application Received:	05/26/2015

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. 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/Service. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

The Expert Reviewer has the following credentials:

State(s) of Licensure: Massachusetts

Certification(s)/Specialty: Physical Medicine & Rehabilitation, Pain Management

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 48 year old, male who sustained a work related injury on 5/24/11. The diagnoses have included lumbar disc disease, lumbar radicular signs and symptoms, thoracic disc disease, left hip pain, left shoulder pain, left arm pain and neck pain/stiffness. Treatments have included medications, cervical steroid injection and lumbar epidural steroid injections. In the PR-2 dated 5/11/15, the injured worker complains of persistent, chronic neck, left shoulder and low back/hip pain. He rates the neck and shoulder pain level an 8/10 and low back/hip pain level of 9/10. He has constant, sharp, burning pain and severe tenderness and hypersensitivity across left trapezius and left shoulder girdle. He has back pain, left greater than right, extending to both legs and left heel with numbness and tingling and weakness at times. He has decreased range of motion in cervical spine and lumbar spine. He states oral medications have helped the pain by 35%. The treatment plan includes a referral to a physician for a functional capacity evaluation.

IMR ISSUES, DECISIONS AND RATIONALES

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

Functional Capacity Evaluation: Overturned

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation ACOEM Practice Guidelines, 2nd Edition, Independent Medical Examinations and Consultations, page 137-138.

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) Chapter 7, p64.

Decision rationale: The claimant sustained a work injury in May 2011. He continues to be treated for neck, left shoulder, and low back pain. When seen, he was applying for long-term disability. Physical examination findings included decreased cervical and lumbar spine range of motion with paraspinal muscle tenderness. He was noted to ambulate using a cane. Medications were refilled. He is considered at maximum medical improvement. A Functional Capacity Evaluation is an option for select patients with chronic pain if the information might be helpful in objectifying worker capability with regard to either specific job or general job requirements. In this case, no new treatment is being planned. Obtaining a Functional Capacity Evaluation to determine the claimant's current work capacity is therefore considered medically necessary.