

Case Number:	CM15-0106021		
Date Assigned:	06/10/2015	Date of Injury:	01/23/2013
Decision Date:	07/16/2015	UR Denial Date:	05/07/2015
Priority:	Standard	Application Received:	06/02/2015

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: California, North Carolina
Certification(s)/Specialty: Family Practice

CLINICAL CASE SUMMARY

The expert reviewer developed the following clinical case summary based on a review of the case file, including all medical records:

This 31 year old male sustained an industrial injury on 1/23/13. He subsequently reported low back pain. Diagnoses include lumbar stenosis, lumbar annular tear and lumbar disc protrusion. Treatments to date include x-ray and MRI testing, work restrictions, physical therapy and prescription pain medications. The injured worker continues to experience low back pain with radiation to the bilateral lower extremities and up the upper back to the left shoulder down to the hand. Upon examination, there is no bruising, swelling, atrophy or lesion present at the lumbar spine. Tenderness to palpation is noted at the left paraspinal. Straight leg raise testing is negative. A request a functional capacity evaluation was made by the treating physician.

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 ACOEM Chapter 12 Low Back Complaints.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation ACOEM Practice Guidelines, Chapter 7, page 137-138.

Decision rationale: According to ACOEM guidelines, Functional Capacity Evaluations (FCE) may be appropriate in determining work functional capabilities in the patient who has reached maximal medical improvement, but has been unable to return to prior pre-injury level of work function. In this case, there are no reports submitted by the treating physician, however some consultants indicate that the patient is still under treatment and is restricted to modified duty. It appears that the patient has not reached maximal medical improvement. Should he do so, and no further therapy is indicated and he is still unable to return to a pre-injury level of work, then consideration for an FCE should be given at this time. The request is not medically necessary or appropriate currently.