

Case Number:	CM15-0015944		
Date Assigned:	02/03/2015	Date of Injury:	07/11/2014
Decision Date:	03/27/2015	UR Denial Date:	01/08/2015
Priority:	Standard	Application Received:	01/27/2015

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: Texas, Florida
 Certification(s)/Specialty: Anesthesiology, 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 27 year old male with an industrial injury dated July 11, 2014. The injured worker diagnoses include lumbar sprain/strain and status post L5-S1 microlaminectomy with persistent right greater than left sciatica. There were associated diagnoses of insomnia, anxiety and depression disorders. He has been treated with prescribed medications, physical therapy, lumbar spine support, consultations and periodic follow up visits. In a progress note dated 12/30/2014, the treating physician noted limping or distorted gait. Left shoulder was slightly higher than the right. There was a 7cm vertical scar on lower lumbar at the midline. There was tenderness to palpitation of the right lumbar paravertebral muscles, spinous processes and right sacroiliac joints, and antalgic gait on the right. There was right lumbar spine pain with heel walking and a decrease lumbar spine range of motion. Supine Lasague's was bilaterally positive. On 1/5/2015, there was subjective complaint of low back pain radiating to the lower extremities. The pain score was rated at 4/10 with medications and 10/10 without medications. The recommendation included Manual Therapy, Electrical stimulation and Therapeutic exercises. The treating physician prescribed services for functional capacity evaluation now under review. UR determination on January 8, 2015 denied the request for functional capacity evaluation, citing MTUS, ACOEM guidelines.

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

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 2 General Approach to Initial Assessment and Documentation, Chapter 5 Cornerstones of Disability Prevention and Management Page(s): 21, 81, 137, Chronic Pain Treatment Guidelines 9792.24.2 Page(s): 30--34.

Decision rationale: The CA MTUS recommend that Functional Capacity Evaluation can be utilized for evaluation of objective improvements following medical treatments and also to determine future work capacity. The records show that the patient had not completed physical and medication treatments. There is no documentation of effective management of the co-existing psychosomatic disorders. There are pending and active physical treatments that have not been completed. The criteria for Functional Capacity Evaluation have not been met.