

Case Number:	CM15-0110417		
Date Assigned:	06/17/2015	Date of Injury:	07/18/2013
Decision Date:	07/15/2015	UR Denial Date:	05/28/2015
Priority:	Standard	Application Received:	06/08/2015

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: 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:

The injured worker is a 37 year old male who sustained an industrial lifting injury to his lower back on 07/18/2013. The injured worker was diagnosed with herniated lumbar disc L4-L5 and lumbar radiculopathy. Treatment to date has included diagnostic testing with recent Electromyography (EMG)/Nerve Conduction Velocity (NCV) in November 2014 (reported as negative), lumbar magnetic resonance imaging (MRI) in October 2013, conservative measures, work restrictions, electrical stimulation therapy, massage, physical therapy and medications. According to the primary treating physician's progress report on May 13, 2015, the injured worker continues to experience low back pain with bilateral leg pain and occasional numbness to the left foot. Examination noted normal heel to toe gait. The lumbar spine revealed decreased range of motion with moderate muscle guarding and spasm in the right and left iliolumbar area. Knee and ankle jerks were equal and symmetrical. There was decreased sensation in the L5 region bilaterally with positive straight leg raise at 45 degrees bilaterally. Motor strength was intact. Current medications are listed as Hydrocodone and Ibuprofen. Treatment plan consists of weight loss, bariatric surgical consultation, trigger point injection or epidural steroid injection and possible lumbar surgery after appropriate weight loss and the current request for a functional capacity evaluation (FCE).

IMR ISSUES, DECISIONS AND RATIONALES

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

Functional Capacity Evaluation for the lumbar: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation ACOEM, 2nd Edition, Chapter 7 Independent Medical Examinations and Consultations (pp 132-139).

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation ODG, functional capacity evaluation.

Decision rationale: The California MTUS and the ACOEM do not specifically address functional capacity evaluations. Per the ODG, functional capacity evaluations (FCE) are recommended prior to admission to work hardening programs, with preference for assessments tailored to a specific job. Not recommended as a routine use as part of occupational rehab or screening or generic assessments in which the question is whether someone can do any type of job. Consider FCE: 1. Case management is hampered by complex issues such as: a. Prior unsuccessful RTW attempts; b. Conflicting medical reporting on precaution and/or fitness for modified jobs; c. Injuries that require detailed exploration of the worker's abilities; 2. Timing is appropriate; a. Close or at MMI/all key medical reports secured; b. Additional/secondary conditions clarified. There is no indication in the provided documentation of prior failed return to work attempts or conflicting medical reports or injuries that require detailed exploration of the worker's abilities. Therefore criteria have not been met as set forth by the ODG and the request is not medically necessary.