

Case Number:	CM15-0113222		
Date Assigned:	06/19/2015	Date of Injury:	12/30/2012
Decision Date:	07/28/2015	UR Denial Date:	05/21/2015
Priority:	Standard	Application Received:	06/11/2015

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 49 year old male, who sustained an industrial injury on 12/30/2012 secondary to loading and unloading water from a bucket. On provider visit dated 05/04/2015 the injured worker has reported neck pain and lumbar spine pain and left shoulder pain. On examination of the tenderness in the lumbar spine paraspinal area noted as well as left shoulder tenderness. The diagnoses have included cervical spine. Lumbar spine sprain/strain, L5-S1 disc herniation and left shoulder pain. Treatment to date has included medication, home exercise program and laboratory studies. MRI of the lumbar spine on 01/13/2015 revealed scoliotic curvature and L5-S1 circumferential disc protrusion. Functional capacity evaluation was performed on 05/04/2015 the provider requested 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: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Treatment Index, 11th Edition (Web), 2014, Fitness for Duty, Functional capacity evaluation (FCE).

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 12, p50.

Decision rationale: The claimant sustained a work injury in December 2012 and continues to be treated for neck, low back, and left shoulder pain. When seen, he was having moderate to severe lumbar spine pain with mild neck pain. Physical examination findings included paraspinal muscle tenderness and left shoulder tenderness. Tramadol and Prilosec were prescribed. He was to continue a home exercise program. A functional capacity evaluation was performed. The assessment references planning to determine permanent and stationary status soon. A Functional Capacity Evaluation is an option for a patient with chronic stable low back pain when a physician thinks the information might be helpful to attempt to objectify worker capability with respect to either a specific job or general job requirements. In this case, the claimant is not considered at maximum medical improvement and there is no return to work plan or job being considered. The request is not medically necessary.