

Case Number:	CM15-0114610		
Date Assigned:	06/22/2015	Date of Injury:	05/14/2004
Decision Date:	07/21/2015	UR Denial Date:	06/04/2015
Priority:	Standard	Application Received:	06/15/2015

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 64 year old male, who sustained an industrial injury on 5/14/04. The injured worker has complaints of low back pain with stiffness and tightness with occasional back spasms. The documentation noted that his range of motion is guarded. The diagnoses have included disk degeneration; spinal stenosis, lumbar and facet arthropathy and disc bulge, lumbar. Treatment to date has included Ultram; Soma; home exercise program; physical therapy and lumbar decompression on 10/21/13. The request was for 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: Decision based on MTUS ACOEM, Chronic Pain Treatment Guidelines.

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 May 2004 and underwent a lumbar spine decompression in October 2013. When seen, he was having frequent moderate low back pain. There was decreased lumbar spine range of motion and muscle spasms. He had a limited walking tolerance due to difficulty breathing. He was continued at total temporary disability. Authorization for a functional capacity evaluation was requested. 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 appears to be at maximum medical improvement but there is no return to work plan. The request is not medically necessary.