

Case Number:	CM15-0123717		
Date Assigned:	07/15/2015	Date of Injury:	03/21/2011
Decision Date:	08/10/2015	UR Denial Date:	06/10/2015
Priority:	Standard	Application Received:	06/26/2015

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 60 year old female, who sustained an industrial injury on 3/21/11. She has reported initial complaints of pain in the low back, right knee and left buttocks. The diagnoses have included lumbosacral strain/sprain and lumbosacral degenerative disc disease (DDD). Treatment to date has included medications, off of work, rest, diagnostics, and physical therapy. Currently, as per the physician initial orthopedic consult progress note dated 6/9/15, the injured worker complains of low back pain that radiates to the left buttocks and leg. She has numbness and tingling in the left leg and foot. She reports weakness in both legs and bladder incontinence. The physical exam reveals midline lumbar pain, paravertebral pain bilaterally, left greater than right, there is buttock pain on the left, there was notch pain on the left, and there is minimal pain in the low back with straight leg raise on the left. The change of position is noticeably uncomfortable. The Fabere test was positive on the right. There is no previous diagnostics noted in the records and there is no previous therapy sessions noted. The work status is modified work as of 6/5/15 with 4 hour shifts. The physician requested treatment included a 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: Overturned

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Fitness for Duty.

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 and March 2011. She was having frequent low back pain radiating into the left buttock and lower extremity with numbness and tingling and weakness. Physical examination findings included midline and left buttock pain. There was left sciatic notch pain. She had lateral side pain. There was low back pain with straight leg raising. She was noted to transition positions with discomfort. There was a normal neurological examination. A work release references modified work at four-hour shifts. A Functional Capacity Evaluation is an option for select patients with chronic pain. However, in this case, the claimant has been referred for additional physical therapy treatments. She is not considered at maximum medical improvement and requesting a Functional Capacity Evaluation at this time is not medically necessary. 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, although the claimant may not have been at maximum medical improvement, no new treatment was being planned. She had not returned to unrestricted work. Obtaining a Functional Capacity Evaluation to determine the claimant's current work capacity and need for work restrictions, if any, was medically necessary.