

Case Number:	CM15-0126209		
Date Assigned:	07/10/2015	Date of Injury:	07/03/2013
Decision Date:	08/06/2015	UR Denial Date:	06/05/2015
Priority:	Standard	Application Received:	06/30/2015

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 26 year old female, who sustained an industrial injury on 7/3/2013. She reported feeling a popping sensation and sharp pain on her right hip after pushing a pallet with her foot. Diagnoses have included lumbar spine herniated nucleus pulposus (HNP) and lumbar spine discogenic pain. Treatment to date has included physical therapy, chiropractic treatment, acupuncture, lumbar epidural steroid injection, home exercise program and medication.

According to the progress report dated 5/28/2015, the injured worker complained of low back pain radiating to the bilateral lower extremities. Prolonged sitting and standing increased the pain. Physical exam revealed tenderness to palpation of the lumbar spine paraspinal muscles. Authorization was requested for 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 (FCE): Overturned

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Work Loss Data Institute, Section: 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 7, p64.

Decision rationale: The claimant sustained a work injury in July 2013 and continues to be treated for radiating low back pain. When seen, she was having ongoing radiating symptoms and increased pain with prolonged sitting and standing. Physical examination findings included lumbar paraspinal muscle tenderness and positive straight leg raising. A continued home exercise program was recommended and medications were refilled. The assessment references nearing Permanent and Stationary Status and a Functional Capacity Evaluation was requested. A Functional Capacity Evaluation is an option for select patients with chronic pain if the information might be helpful in objectifying worker capability with regard to either specific job or general job requirements. In this case, the claimant appears to be at maximum medical improvement and no new treatment is being planned. Obtaining a Functional Capacity Evaluation to determine the claimant's current work capacity is medically necessary.