

Case Number:	CM15-0170466		
Date Assigned:	09/11/2015	Date of Injury:	10/21/2014
Decision Date:	10/08/2015	UR Denial Date:	07/29/2015
Priority:	Standard	Application Received:	08/28/2015

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 41 year old female with an industrial injury dated 10-21-2014. A review of the medical records indicates that the injured worker is undergoing treatment for lumbar degenerative disc disease, lumbar radiculitis unspecified and myofascial pain. Treatment consisted of Lumbar Magnetic Resonance Imaging (MRI), prescribed medications, lumbar epidural steroid injection (ESI) on 7-08-2015, transcutaneous electrical nerve stimulation (TENS) unit, home exercise program, acupuncture therapy, physical therapy, chiropractic therapy, and periodic follow up visits. Medical records (12-30-2014 to 07-22-2015) indicate chronic low back pain with radiation to lower extremity. According to the progress note dated 07-22-2015, the injured worker reported dizziness for 8 days with improvement, and pain relief for 12 days with reoccurrence of left low back pain. The injured worker also reported 15-day hospitalization for kidney stones and infection, now with tube placement. The injured worker rated pain a 9 out of 10. Objective findings revealed low blood pressure, antalgic gait, decreased lumbar range of motion with pain, tenderness to palpitation in lumbar paraspinal muscles, extreme tightness, muscle spasm of lumbar spine and scapular border. Decrease sensation in the left L5-S1 dermatome and difficulty with balance due to weakness and pain in the left lower extremity were also noted on exam. Lumbar Magnetic Resonance Imaging (MRI) dated 01-15-2015 revealed right renal atrophy, L4-5 disc bulge, facet arthropathy, mild right foraminal stenosis, L5-S1 annular tear, facet arthropathy, and minimal left foraminal stenosis. The treating physician prescribed functional capacity evaluation, now under review. Utilization Review determination on 07-29-2015 non-certified the request 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: Overturned

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

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 October 2014 and is being treated for a left-sided low back pain with left lower extremity radiating symptoms. In June 2015 treatments had included physical therapy, acupuncture, and she had recently completed chiropractic treatments. She was using TENS and performing home exercises. When seen, there had been 12 days of pain relief after an epidural injection. She had dizziness after the procedure lasting for eight days and was not interested in repeating the injection. She wanted to continue taking medications. Gabapentin and Flexeril were being prescribed. Physical examination findings included decreased lumbar spine range of motion and decreased left hip range of motion with pain. Straight leg raising was positive. There was lumbar paraspinal muscle tenderness, tightness, and muscle spasms. There was decreased left lower extremity strength and sensation. A functional capacity evaluation was requested to evaluate the need for work restrictions. 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, no new treatment is being planned. Obtaining a Functional Capacity Evaluation to determine the claimant's current work capacity and medically necessary restrictions and limitations, is medically necessary.