

Case Number:	CM15-0171856		
Date Assigned:	09/14/2015	Date of Injury:	09/25/2014
Decision Date:	10/13/2015	UR Denial Date:	08/26/2015
Priority:	Standard	Application Received:	09/01/2015

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: Arizona, California
 Certification(s)/Specialty: Family Practice

CLINICAL CASE SUMMARY

The expert reviewer developed the following clinical case summary based on a review of the case file, including all medical records:

This injured worker is a 37 year old male who reported an industrial injury on 9-25-2014. His diagnoses, and or impression, were noted to include: chronic pain syndrome; degeneration of lumbar inter-vertebral disc; pain in hip joint, pelvic region and thigh; left sacroiliitis; left sacral pseudo-articulation; and painful left sacroiliac joint versus pseudo-articulation versus facets. No current imaging studies were noted. His treatments were noted to include: magnetic resonance imaging studies of the lumbar spine; activity modification; bracing; medication management; and modified work duties. The progress notes of 8-13-2015 reported continuing and worsening low back pain, continued left leg and lower extremity pain, and left posterior hip pain in the sacroiliac area. The objective findings were noted to include: an antalgic gait; pain over the left low back area and sacroiliac joint area, with very limited range-of-motion due to pain; positive left straight leg raise with pain on extension that radiated into the low back and left foot; positive FABER and compression tests on the left side, indication sacroiliitis; and tenderness to the hips with limited range-of-motion. The physician's requests for treatments were not noted to include a functional restoration evaluation. No Request for Authorization was noted for a functional capacity evaluation in the medical records provided. The Utilization Review of 8-26-2015 non-certified the request 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:

1 Functional Capacity Evaluation: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Independent Medical Examinations and Consultations Chapter (ACOEM Practice Guidelines 2nd Edition (2004) Chapter 7) page 127.

MAXIMUS guideline: Decision based on MTUS Neck and Upper Back Complaints 2004, Section(s): Work-Relatedness, and Chronic Pain Medical Treatment 2009, Section(s): Chronic pain programs, early intervention, Chronic pain programs, intensity, Functional improvement measures.

Decision rationale: According to the guidelines, activities at work that increase symptoms need to be reviewed and modified. A functional capacity evaluation is indicated when information is required about a worker's functional abilities that is not available through other means. It is recommended that wherever possible should reflect a worker's capacity to perform the physical activities that may be involved in jobs that are potentially available to the worker. In this case there is no mention of returning to work or description of work duties that require specific evaluation. No documentation on work hardening is provided. In addition, the physician was able to assess the claimant's function and was able to describe in August 2015 what he claimant can perform in an 8 hour day. As a result, a functional capacity evaluation for the dates in question is not medically necessary.