

Case Number:	CM15-0176930		
Date Assigned:	09/17/2015	Date of Injury:	12/13/2013
Decision Date:	10/20/2015	UR Denial Date:	08/27/2015
Priority:	Standard	Application Received:	09/08/2015

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 62 year old female, who sustained an industrial injury on December 13, 2013. The injured worker is diagnosed as having a lumbar annular tear, lumbar disc protrusion and sciatica. Her work status is modified duty if; however, the employer is unable to provide modified duty then she will be deemed temporary total disability. Currently, the injured worker complains of moderate (depending on the activity) low back pain that is described as sharp, stabbing, throbbing and stiffness that radiates to her right leg and is rated at 5 on 10 (pain level was 7 on 10). Prolonged walking aggravates her symptoms. Primary treating physician examinations dated April 29, 2015-July 29, 2015 reveal decreased range of motion in the lumbar spine. Kemp's test causes pain and straight leg raise causes pain on the right. An examination dated March 25, 2015, by the secondary treating physician, reveals S1 radiculopathy, weakness of her right plantar flexion, decreased pinprick sensation in the right S1 distribution, absent gastrocnemius reflexes and positive straight leg raise that are "consistent with the MRI." The injured worker reported the pain is relieved by medication from 7 on 10 to 4 on 10. Treatment to date has included medications (Neurontin, Naproxen, Tylenol ES and Protonix), physical therapy, rest and exercise, which provided relief and acupuncture and epidural steroid injections have resulted in therapeutic failure, per note dated March 25, 2015. A toxicology screen and MRI were also completed. A request for functional capacity evaluation is denied as the injured worker has not returned to work (or had a job to return to), per Utilization Review letter dated August 27, 2015.

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 General Approaches 2004, Section(s): General Approach to Initial Assessment and Documentation.

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, p63-64.

Decision rationale: The claimant has a history of a cumulative trauma work injury with date of injury in December 2013 and continues to be treated for low back pain with right lower extremity radicular symptoms. In March 2015 physical therapy, medications, exercise, and rest were providing pain relief. Surgery was being considered. When seen in June 2015, she was having constant sharp low back pain rated at 7/10. Physical examination findings included decreased lumbar spine range of motion. There was positive right straight leg raising and Kemp's testing caused pain. Medications were prescribed and authorization for a final functional capacity evaluation was requested. A Functional Capacity Evaluation is an option for select patients with chronic 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, there is no reason given as to why a functional capacity evaluation is needed. There is no apparent return to work plan at the claimant's current job and no indication that the information would be used in assessing return to work in terms of a general work capacity. A Functional Capacity Evaluation at this time is not medically necessary.