

Case Number:	CM15-0070039		
Date Assigned:	04/17/2015	Date of Injury:	01/29/2013
Decision Date:	05/18/2015	UR Denial Date:	04/09/2015
Priority:	Standard	Application Received:	04/14/2015

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 01/29/2013. She has reported injury to the right hip, right lower extremity, and low back. The diagnoses have included right hip sprain/strain; right greater trochanter bursitis; and lumbar sprain/strain with multilevel herniated nucleus pulposus and canal stenosis. Treatment to date has included medications, diagnostics, injection, physical therapy, and home exercise program. A progress note from the treating physician, 03/04/2015, documented a follow-up visit with the injured worker. Currently, the injured worker complains of increased lumbar spine pain; pain is rated at 6+/10 on the visual analog scale; pain radiates to the bilateral lower extremities to the feet, right greater than left; bilateral lower extremity numbness and tingling; and right hip pain rated at 5/10. Objective findings have included tenderness to the left and right lumbar/lumbar-sacral spine; and decreased range of motion of the lumbar spine. The treatment plan has included the request for Functional Capacity Evaluation of the lumbar spine and right hip.

IMR ISSUES, DECISIONS AND RATIONALES

The Final Determination was based on decisions for the disputed items/services set forth below:

Functional Capacity Evaluation of the lumbar spine and right hip: 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; Official Disability Guidelines, Functional Capacity Evaluation (FCE).

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 is more than 2 years status post work-related injury and continues to be treated for low back and right hip and lower extremity pain. She is considered to be at maximum medical improvement and no further treatment is planned. She has not returned to work and her job description is consistent with a light physical demand level due to prolonged standing. 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 is considered medically necessary.