

Case Number:	CM15-0072875		
Date Assigned:	04/23/2015	Date of Injury:	02/04/2010
Decision Date:	06/16/2015	UR Denial Date:	03/30/2015
Priority:	Standard	Application Received:	04/17/2015

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 28-year-old male, who sustained an industrial injury on 2/4/2010. The current diagnoses are lumbosacral/joint/ligament sprain/strain, thoracic sprain/strain, and piriformis syndrome. According to the progress report dated 3/20/2015, the injured worker complains of intermittent low back pain with occasional radiation into the left lower extremity associated with numbness and tingling to the left foot. The pain is described as tightness/sharp and worse with cold weather and activity. His current pain is rated 0-1/10 on a subjective pain scale. The current medications are Cyclobenzaprine. Treatment to date has included medication management, heat therapy, stretches, and physical therapy. The plan of care includes physical performance test.

IMR ISSUES, DECISIONS AND RATIONALES

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

Physical performance test: Overturned

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints.

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) Chapter7, p63-64.

Decision rationale: The claimant is more than five years status post work-related injury and continues to be treated for intermittent back pain with lower extremity radicular symptoms. When seen by the requesting provider, the assessment references the claimant as employable but not currently working. Authorization for chiropractic treatments and for an MRI of the lumbar spine was also requested. A Physical Performance Evaluation (i.e. 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 active treatment is being planned. The claimant is considered as able to work but does not currently have a job. Requesting a Physical Performance Evaluation to determine the claimant's current work capacity for the purpose of job matching is therefore considered medically necessary.