MAXIMUS Federal Services

Case Number:	CM15-0090293		
Date Assigned:	05/14/2015	Date of Injury:	08/06/2010
Decision Date:	06/17/2015	UR Denial Date:	04/24/2015
Priority:	Standard	Application Received:	05/11/2015

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: California
Certification(s)/Specialty: Physical Medicine & Rehabilitation

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 47 year old female, who sustained an industrial injury on 08/06/2010. According to a progress report dated 03/12/2015, the injured worker complained of constant moderate achy low back pain radiating to the right leg/foot with numbness, tingling and weakness that was aggravated by prolonged sitting, prolonged standing and prolonged walking and was relieved with medication and rest. Pain was rated 6 on a scale of 1-10. Physical examination of the lumbar spine demonstrated painful and decreased range of motion. There was tenderness to palpation of the L5-S1 spinous process and thoracolumbar junction. Kemp's caused pain. Sitting straight leg raise caused pain on the left. Diagnoses included nontraumatic rupture unspecified tendon, injury to lumbar nerve root, lumbar disc protrusion and status post lumbar spine surgery. Include future medical for neurology due to previous TIA incident complications secondary to lumbosacral surgical complications was noted in the report. Final functional capacity evaluation was pending. Treatment plant included Tramadol ER, urine drug screening and aqua therapy. Currently under review is the request for a final functional capacity evaluation.

IMR ISSUES, DECISIONS AND RATIONALES

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

Final functional capacity evaluation: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation ACOEM chapter 7, page 137-139, EVALUATION.

Decision rationale: The 47 old patient complains of pain in the lower back, rated at 6/10, radiating to right leg and foot with numbness, tingling and weakness, as per progress report dated 03/12/15. The request is for FINAL FUNCTIONAL CAPACITY EVALUATION. No RFA could be found for this case, and the patient's date of injury is 08/06/10. Diagnoses, as per progress report dated 03/12/15, included injury to lumbar nerve root, lumbar disc protrusion, and nontraumatic rupture of unspecified tendon. The patient is status post lumbar spine surgery, date and type of procedure not mentioned. The patient is off work, as per progress report dated 12/18/14.MTUS does not discuss functional capacity evaluations. ACOEM chapter 7, page 137-139 states that the "examiner is responsible for determining whether the impairment results in functional limitations... The employer or claim administrator may request functional ability evaluations... may be ordered by the treating or evaluating physician, if the physician feels the information from such testing is crucial." ACOEM further states, "There is little scientific evidence confirming that FCE's predict an individual's actual capacity to perform in the workplace." In this case, the request for final FCE is noted in progress report dated 12/18/14. Although the request states that this is the "final" evaluation, the progress reports do not document any prior evaluations. The progress reports do not mention a request from the employer or the claims administrator either. The patient is off work. However, routine FCE's are not recommended as they do not necessarily predict a patient's ability to work. The request IS NOT medically necessary.