

Case Number:	CM15-0094894		
Date Assigned:	05/21/2015	Date of Injury:	07/11/2014
Decision Date:	06/24/2015	UR Denial Date:	04/28/2015
Priority:	Standard	Application Received:	05/15/2015

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 54 year old female, who sustained an industrial injury on 07/11/2014. Medical records provided by the treating physician did not indicate the injured worker's mechanism of injury. The injured worker was diagnosed as having sciatica of the left side, lumbar discogenic pain syndrome, and lumbar radiculitis. Treatment and diagnostic studies to date has included lumbar four epidural steroid injection, lumbar magnetic resonance imaging, and medication regimen. In a progress note dated 04/21/2015 the treating physician reports complaints of low back pain and left lower extremity pain with associated symptoms of tingling of the left lower extremity. The examination reveals a reduced sensation at the left lumbar four dermatome, tenderness on palpation at the left lumbar five to sacral one paraspinal muscles, pain with range of motion, and low back pain with straight leg raise. The treating physician also noted that the injured worker was remarkable for a disc bulge at lumbar three to four, facet hypertrophy with narrowing of the left lateral recess and a possible mild impingement at the left lumbar four nerve root, mild stenosis, right paracentral annular tear at lumbar four to five with disc desiccation, and lumbar five to sacral one facet arthropathy. The pain is rated a 5 out of 10 without medication regimen and a 3 out of 10 with medication regimen. The treating physician requested a functional capacity evaluation with the physician noting that the IW continues to have pain with heavy lifting, bending, stooping, and squatting which is required of her with her current work activities also the injured worker is unsure of the maximum amount of weight that she can lift.

IMR ISSUES, DECISIONS AND RATIONALES

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

Functional Capacity Evaluation: Overturned

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Functional improvement measures Page(s): 48. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Fitness for Duty.

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, page 64.

Decision rationale: The claimant sustained a work-related injury in July 2014 and continues to be treated for a work-related injury radiating low back pain. When seen, there had been improvement after an epidural steroid injection. Pain was rated at 3-5/10. There was decreased and painful lumbar range of motion and low back pain with straight leg raising. There was decreased left lower extremity sensation. The claimant has a job requirement in excess of her current restrictions and is unsure of what her actual capacity is. 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, the claimant's current restrictions as well as job requirements are clear. She has not returned to unrestricted work and it is unknown as to whether she would be able to do so at this time. She is an ideal candidate for a functional capacity evaluation. The request is medically necessary.