

Case Number:	CM15-0095707		
Date Assigned:	05/22/2015	Date of Injury:	07/31/2013
Decision Date:	06/24/2015	UR Denial Date:	04/16/2015
Priority:	Standard	Application Received:	05/18/2015

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 56-year-old male who sustained an industrial injury on July 31, 2013. He has reported low back pain, which radiates to the right buttock and radiates to the right knee and has been diagnosed with lumbar radiculopathy. Treatment has included medication, medical imaging, modified work duty, physical therapy, injections, and acupuncture. Back flexion: finger tips to mid lower leg no tenderness and no tenderness over the S1 joint. Straight leg raise was negative bilaterally. Sensation was reduced on the medial left big toe. MRI of the lumbar spine dated September 13, 2014 noted no evidence of fracture. L2-3 There is mild left lateral disc bulge resulting in mild left neural foraminal narrowing. L4-5 There is bilateral facet hypertrophy resulting in mild spinal stenosis. There is mild bilateral neural foraminal narrowing. L5-S1 There is mild disc bulge resulting in mild bilateral neural foraminal. There were mild degenerative changes at the L3-4, L4-5, and L5-S1 levels. The Treatment request included a functional capacity evaluation.

IMR ISSUES, DECISIONS AND RATIONALES

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

Functional Capacity Evaluation (FCE): Overturned

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 American College of Occupational and Environmental Medicine (ACOEM), 2nd Edition, (2004) Chapter 7, p64.

Decision rationale: The claimant sustained a work injury in July 2013 and continues to be treated for radiating back pain. When seen, pain was rated at 7-8/10 when walking for prolonged periods of time. He reported feeling unable to perform his regular work activities, which required constant standing and walking. Physical examination findings included an BMI of over 37. Right straight leg raising caused low back and buttock pain. He had decreased left lower extremity sensation. He has undergone two MRI scans with the second reported as unchanged from the first and with findings consistent with his age and body habitus. A functional capacity evaluation was requested to determine the need for permanent restrictions or limitations. 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. There appear to be no objective findings by imaging that support the need for work restrictions but the claimant has not returned to regular work duty. Obtaining a Functional Capacity Evaluation to determine the claimant's work capacity is therefore appropriate and medically necessary.