MAXIMUS Federal Services

Case Number:	CM15-0097940		
Date Assigned:	05/29/2015	Date of Injury:	10/07/2011
Decision Date:	07/01/2015	UR Denial Date:	05/08/2015
Priority:	Standard	Application Received:	05/20/2015

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 was a 53 year old male, who sustained an industrial injury, October 7, 2011. The injured worker previously received the following treatments TENS (transcutaneous electrical nerve stimulator) unit at home, chiropractic services, physical therapy, lumbar spine MRI, functional capacity evaluation on March 11, 2015, and EMG/NCS (electrodiagnostic studies and nerve conduction studies) of the bilateral lower extremities. The injured worker was diagnosed with major depressive disorder, generalized anxiety disorder, chronic pain, cervical intervertebral disc without myelopathy and lumbar intervertebral disc without myelopathy and cervicogenic headaches. According to qualifies functional capacity evaluation of March 11, 2015, the injured workers chief complaint was right shin, abdominal, lumbar, lower thoracic, mid thoracic, sacral, right sacroiliac, right buttocks, right posterior leg, right posterior knee, right calf, right ankle, right foot, left sacroiliac, left posterior leg and left posterior knee pain. The injured worker rated the pain at an 8 out of 10 at this visit, worse pain 9 out of 10 and best pain 4 out of 10. There was pain in the right lower extremity at least 50% of the time. The injured worker improved with physical therapy. The physical exam noted normal range of motion to the bilateral upper extremities. The bilateral lower extremities showed normal range of motion. There was decreased range of motion to the lumbar spine of 24%. Restrictions remained on the injured worker for repetitive flexion and extension of the lumbar spine, cervical spine, bending, kneeling or squatting. The injured worker should refrain from working on slippery surfaces and avoid prolonged stair climbing. The treatment plan 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: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 125. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), fitness for duty, 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, page 63-64.

Decision rationale: The claimant sustained a work injury in October 2011. She continues to be treated for lower thoracic, low back, and lower extremity pain. When seen, pain was rated at 5-9/10. There was lumbar spine tenderness with decreased and painful range of motion. Straight leg raising and Kemp's testing was positive bilaterally. There was a normal neurological examination. Authorization for additional testing and a functional capacity evaluation was requested. A Functional Capacity Evaluation is an option for select patients with chronic pain. However, in this case, the claimant has been referred for additional testing. She is therefore not considered at maximum medical improvement and requesting a Functional Capacity Evaluation at this time is not medically necessary.