

Case Number:	CM13-0001418		
Date Assigned:	06/04/2014	Date of Injury:	04/09/2013
Decision Date:	07/23/2014	UR Denial Date:	06/26/2013
Priority:	Standard	Application Received:	07/15/2013

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. The expert reviewer is Board Certified in Occupational Medicine, and is licensed to practice in California. 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/services. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

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 female with date of injury 4/9/2013. The primary physician's initial comprehensive report dated 5/17/2013, the worker was injured when a wooden pallet fell on the ground and bounced onto her back. She injured her mid and low back. She is complaining of mid and low back pain. Her mid back pain is radiating to bilateral shoulders and scapular region on and off and to the right upper extremity. She denies any radiation to left upper extremity. Her low back pain does not radiate to any lower extremity region. She denies any bowel or bladder incontinence type of complaint. She states that she has had some physical therapy and medications. Her mid back and low back pain is rated 7-8/10. It is throbbing and sharp shooting type of pain. It radiates to bilateral shoulder region and right upper extremity. Her mid and low back pain is aggravated by prolonged sitting, standing, bending and lifting. Rest and medication helps to relieve her pain. She denies any radiation to left upper extremity or bilateral lower extremities. There is no bowel or bladder incontinence, no history of fall, no blunt impact or injury, no head injury and no loss of consciousness. She denies any mood-related complaint or depression or insomnia secondary to pain. On exam she is ambulatory. Her gait is non-antalgic. The patient back exam is positive for paraspinal and paralumbar mid thoracic and lumbar region tenderness with no focal point spine tenderness. She has full range of motion of her back with some discomfort present. Deep tendon reflexes were within normal limits. The patients diagnoses includes lumbosacral strain and thoracic strain.

IMR ISSUES, DECISIONS AND RATIONALES

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

1 FUNCTIONAL CAPACITY EVALUATION: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Work Conditioning chapter: Work Hardening section Page(s): 125-126. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Fitness for Duty chapter: Functional Capacity Evaluation (FCE) section.

Decision rationale: The MTUS Guidelines state that a functional capacity evaluation (FCE) may be required for admission to a work hardening program, but do not provide specific recommendations regarding the FCE alone. The ODG recommends the use of FCE prior to admission to a work hardening program. The ODG provides specific guidelines for performing an FCE and state to consider an FCE if the case management is hampered by complex issues such as prior unsuccessful RTW attempts, conflicting medical reporting on precautions and/or fitness for modified job. Worker's injuries that require detailed exploration of a worker's abilities timing is also appropriate and has to have at MMI/all key medical reports secured, as well as, additional/secondary conditions clarified. It is recommended to not proceed with an FCE if the sole purpose is to determine a worker's effort or compliance, the worker has returned to work, and an ergonomic assessment has not been arranged. The injured worker was acutely injured at the time of this request, and therefore does not meet the recommendations established by the ODG. The request for a functional capacity evaluation is determined to not be medically necessary.