

Case Number:	CM13-0029846		
Date Assigned:	11/01/2013	Date of Injury:	07/03/2013
Decision Date:	02/19/2014	UR Denial Date:	09/10/2013
Priority:	Standard	Application Received:	09/27/2013

HOW THE IMR FINAL DETERMINATION WAS MADE

MAXIMUS Federal Services sent the complete case file to a physician reviewer. He/she has no affiliation with the employer, employee, providers or the claims administrator. The physician reviewer is Board Certified in Emergency Medicine and is licensed to practice in New York and Tennessee. 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 physician 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 patient is a 51-year-old injured worker who was injured on July 3, 2013. Mechanism of injury was not documented. The patient complained of pain in their lumbar spine, thoracic spine, cervical spine, bilateral hips and head. Physical examination was notable for paraspinal muscle spasm and tenderness along the entire spine. There was decreased sensation to light touch on the right L4 and L5 dermatomes. Diagnoses included closed fracture of the L1 vertebral body, cervical disc herniation with myelopathy, lumbar disc herniation with myelopathy, thoracic disc herniation without myelopathy, and sciatica. Request for authorization for functional capacity evaluation was submitted on August 28, 2013.

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: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation ACOEM, 2nd Edition, Chapter 7, Independent Examinations and Consultations, pg 132-139.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Fitness for duty, Functional Capacity Evaluations.

Decision rationale: According to the Official Disability Guidelines (ODG), Both job-specific and comprehensive functional capacity evaluations (FCEs) can be valuable tools in clinical decision-making for the injured worker; however, FCE is an extremely complex and multifaceted process. Little is known about the reliability and validity of these tests and more research is needed. Guidelines for performing an FCE are as follows, If a worker is actively participating in determining the suitability of a particular job, the FCE is more likely to be successful. A FCE is not as effective when the referral is less collaborative and more directive. It is important to provide as much detail as possible about the potential job to the assessor. Job specific FCEs are more helpful than general assessments. The report should be accessible to all the return to work participants. In this case the FCE did not meet ODG guidelines. Medical records provided for review did not indicate that it was part of the return to work process. The medical evaluation was not completed; MRI's of the cervical, thoracic, and lumbar spine were not completed until September 29, 2013. The request for a functional capacity evaluation is not medically necessary and appropriate.