

Case Number:	CM13-0032783		
Date Assigned:	12/06/2013	Date of Injury:	12/01/2012
Decision Date:	02/11/2014	UR Denial Date:	09/25/2013
Priority:	Standard	Application Received:	10/08/2013

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 Physical Medicine & Rehabilitation, 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 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 44-year-old male who reported an injury on 12/01/2012. The progress note dated 09/18/2013 noted that the patient was seeing pain management for the lumbar spine. He has been diagnosed with a 2 to 3 mm bulge in the lumbar spine, and a knee MRI diagnosed him with chondromalacia. The progress report dated 10/10/2013 noted the patient was seen for complaints of low back pain with numbness and tingling. The patient rated his pain at a 9/10, due to being out of medications. On the objective findings, the patient had lumbar range of motion of flexion of 20 degrees, extension 5 degrees, right lateral flexion 10 degrees, and left lateral flexion 10 degrees. Straight leg raise was positive on the right with tender lumbar spine to include spasms. The patient's right knee range of motion had crepitus with flexion of 20 degrees, extension was 0 degrees with no effusion. The patient was reportedly given a qualitative drug screen, with results to follow, which were not provided in the documentation for review. The patient was also given a prescription for cyclobenzaprine 60 tablets, and Norco 75 tablets to be taken as directed.

IMR ISSUES, DECISIONS AND RATIONALES

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

One Functional Capacity Evaluation: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Section Functional Capacity Evaluation (FCE).

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 5 Cornerstones of Disability Prevention and Management Page(s): 89-92. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Fitness For Duty Chapter, Functional Capacity Evaluation (FCE).

Decision rationale: The MTUS/ACOEM guidelines indicate an FCE is a supported tool for reassessing function and functional recovery. The Official Disability Guidelines for performing Functional Capacity Evaluation indicate that if a worker is actively participating in determining the suitability of a particular job, the FCE is more likely to be successful. An 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. The ODG guidelines recommend considering an FCE if case management is hampered by complex issues such as prior unsuccessful return to work attempts, conflicting medical reporting, precautions, and/or fitness for modified job, and inquiries that require detailed exploration of a worker's abilities. They also recommend that timing is appropriate, closer at maximus medical improvement (MMI)/all key medical reports secured, additional/secondary conditions clarified. They also indicate that physicians should not proceed with an FCE if the sole purpose is to determine a worker's effort or compliance or if the worker has returned to work and an ergonomic assessment has not been arranged. The documentation provided for review did not indicate prior unsuccessful return to work attempts, or any indications of a work hardening program; only that the employee was permanent and stationary. The employee does not meet guideline criteria for a Functional Capacity Evaluation at this time. As such, the prospective request for 1 Functional Capacity Evaluation between 09/18/2013 and 11/23/2013 is non-certified.