

Case Number:	CM13-0035019		
Date Assigned:	12/11/2013	Date of Injury:	10/22/2009
Decision Date:	02/04/2014	UR Denial Date:	10/11/2013
Priority:	Standard	Application Received:	10/16/2013

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 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 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 applicant has filed a claim for chronic low back pain reportedly associated with an industrial injury of October 22, 2009. Thus far, the applicant has been treated with the following: Analgesic medications; transfer of care to and from various providers in various specialties; unspecified amounts of physical therapy over the life of the claim; MRI imaging of the lumbar spine, January 7, 2010, notable for multilevel disc bulges of uncertain clinical significance; a prior anterior decompression and disc replacement surgery on September 5, 2012; and extensive periods of time off of work. In a September 17, 2013, progress note, the applicant's orthopedic spine surgeon states that she is doing relatively well, still has persistent pain complaints one year removed from the disc replacement surgery, has indwelling fusion hardware which is in good position as noted on x-rays, and will likely require the imposition of permanent work restrictions. An October 4, 2013, office visit with the applicant's pain management physician states that she is off of work, on total temporary disability, while medial branch blocks are pending.

IMR ISSUES, DECISIONS AND RATIONALES

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

functional capacity evaluation of the lumbar spine: 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), Fitness for Duty.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 125.

Decision rationale: As noted on page 125 of the MTUS Chronic Pain Medical Treatment Guidelines, functional capacity testing can be used as a precursor to enrollment in a work conditioning or work hardening program. In this case, however, there is no indication or evidence that the applicant is intent on attending or enrolling in a work hardening or work conditioning course. There is no indication or evidence that the applicant has a job to return to, it is further noted. The MTUS Guideline is augmented by the non-MTUS Guideline in ACOEM Chapter 7, which notes that functional capacity evaluations (FCE) are widely used, overly promoted, and are not necessarily an accurate representation or characterization of what an applicant can or cannot do in the workplace. In this case, since the applicant does not clearly have a job to return to and does not appear to be intent on returning to work, FCE testing is not medically necessary. Therefore, the request is not certified.