

Case Number:	CM13-0056880		
Date Assigned:	12/30/2013	Date of Injury:	03/25/2009
Decision Date:	06/13/2014	UR Denial Date:	08/08/2013
Priority:	Standard	Application Received:	10/08/2013

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 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 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 50 year-old male who sustained an injury to his low back on 03/25/09 when he tripped and fell, landing on his back at work. The records indicate that the patient has completed 14 physical therapy visits in 2009, chiropractic manipulation treatment in 2009 through 2010, and massage therapy x 18 visits from 2010 through 2012. The patient rates his pain at 5/10 that is throbbing with associated tingling and weakness. An insurance note dated 08/01/13 reported that the request for a functional capacity evaluation and functional restoration program were denied on the basis that there was no evidence of a significant loss of ability to function independently resulting from chronic pain. The clinical note dated 12/20/13 reported that the patient continues to complain of low back pain at 4-8/10. Physical examination noted minimal reduction in lumbar spine range of motion; some mild weakness with manual motor strength testing; sensation intact to light touch in the L3 through S1 dermatomes bilaterally; patellar reflexes 2+ bilaterally, and Achilles reflexes 1+ bilaterally. A functional capacity evaluation and functional restoration program evaluation have been requested.

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.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 23. Decision based on Non-MTUS Citation Independent Medical Examinations and Consultations (ACOEM Practice Guidelines, 2nd Edition (2004), Chapter 7) page 127, and the Official Disability Guidelines (ODG).

Decision rationale: ACOEM Guidelines states on pages 137-138: "The employer or claim administrator may request functional ability evaluations, also known as Functional Capacity Evaluations, to further assess current work capability. These assessments also may be ordered by the treating or evaluating physician, if the physician feels the information from such testing is crucial. Though Functional Capacity Evaluations (FCEs) are widely used and promoted, it is important for physicians and others to understand the limitations and pitfalls of these evaluations. Functional capacity evaluations may establish physical abilities, and also facilitate the examinee/employer relationship for return to work. However, FCEs can be deliberately simplified evaluations based on multiple assumptions and subjective factors, which are not always apparent to their requesting physician. There is little scientific evidence confirming that FCEs predict an individual's actual capacity to perform in the workplace; an FCE reflects what an individual can do on a single day, at a particular time, under controlled circumstances, that provide an indication of that individual's abilities." Furthermore, the Official Disability Guidelines discuss the complexities of FCE use and include suggested criteria to be met prior to an FCE. The following is an excerpt from the ODG: "Both job-specific and comprehensive 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...Consider an FCE if 1. Case management is hampered by complex issues such as: - Prior unsuccessful RTW attempts. - Conflicting medical reporting on precautions and/or fitness for modified job. - Injuries that require detailed exploration of a worker's abilities. 2. Timing is appropriate: - Close or at MMI/all key medical reports secured. - Additional/secondary conditions clarified. Do 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. (WSIB, 2003)" At this juncture, the injured worker is not at maximal medical improvement, nor are their recent progress notes to state he is near maximal medical improvement. In fact, an evaluation for a functional restoration program is being sought. If this avenue is pursued, this would obviate the need for a functional capacity evaluation. Therefore this request is not medically necessary and appropriate.

FUNCTIONAL RESTORATION PROGRAM EVALUATION: Overturned

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 30-31.

Decision rationale: In the case of this request, the healthcare provider is asking for an evaluation to determine the suitability of this injured worker for a chronic pain program. Thus not all of the above outline criteria need to be met in order for an evaluation to be appropriate. Instead there should be some documentation of a delay in recovery according to the MTUS Chronic Pain

Guidelines. The first factor is chronicity of this condition as the injured worker's date of injury was March 25, 2009. The patient is on temporarily totally disabled status. The injured worker has documentation of posttraumatic stress disorder and reports 7 out of 10 interference of his pain with his mood. Therefore there is reasonable suspicion in this case to warrant an evaluation for a functional restoration program. The evaluation is deemed medically necessary.