

Case Number:	CM14-0002499		
Date Assigned:	01/24/2014	Date of Injury:	09/12/2012
Decision Date:	06/06/2014	UR Denial Date:	12/26/2013
Priority:	Standard	Application Received:	01/07/2014

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, has a subspecialty in Preventive 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 applicant is a represented [REDACTED] employee who has filed a claim for chronic low back pain reportedly associated with an industrial injury of September 12, 2012. Thus far, the applicant has been treated with the following: Analgesic medications; attorney representation; intermittent drug testing; earlier functional capacity testing of December 18, 2013, reportedly notable for comments that the applicant tested within the medium physical demand level; electrodiagnostic testing of February 27, 2013, notable for chronic L5 radiculopathy; and extensive periods of time off of work. In a utilization review report of December 16, 2013, the claims administrator denied a request for the FCE in question. The applicant's attorney subsequently appealed. An October 31, 2013 progress note is notable for comments that the applicant was 22 years old, was using a cane to ambulate, had some personal issues, and had completed 9 to 10 sessions of therapy. The applicant exhibited limited lumbar range of motion, was placed off of work, on total temporary disability, which suggested that the applicant should consider surgical remedy as it was stated that it was unlikely that further conservative measures would be beneficial. In an earlier note of February 14, 2013, the attending provider did seek authorization for a functional capacity evaluation to determine the applicant's baseline work capabilities. The applicant apparently underwent earlier functional capacity testing on April 3, 2013, which was again difficult to follow, did not provide clear conclusions, and suggested that the applicant's present ability did not meet the applicant's current job demands.

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 LOW BACK: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Independent Medical Examinations and Consultations Chapter (ACOEM Practice Guidelines, 2nd Edition (2004), Chapter 7), pages 137-138.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 2 General Approach to Initial Assessment and Documentation Page(s): 21, Chronic Pain Treatment Guidelines Work Conditioning Section, Work Hardening Page(s): 125.

Decision rationale: While the General Approach to Initial Assessment and Documentation Chapter of the ACOEM Practice Guidelines, do suggest functional capacity testing when necessary to translate medical impairment into functional limitations and determine work capability, in this case, however, the applicant seemingly no longer has a job to return to. The applicant is apparently not intent on returning to his former occupation as a cook at [REDACTED]. No clear rationale for the functional capacity testing in question has been provided. The applicant has already had several sets of functional capacity testing, which did not alter the treatment plan in any appreciable way. The applicant continued to remain off of work, on total temporary disability, despite having had numerous FCE tests. It is unclear what purpose the new FCE would serve. It is further noted that the Chronic Pain Medical Treatment Guidelines do support usage of an FCE as a precursor to enrollment in a work hardening program. In this case, again, however, no rationale for the FCE in question has been furnished. The applicant does not appear to be intent on pursuing a work hardening course, just as the applicant does not appear to be intent on returning to the workplace. The request for a functional capacity evaluation of the low back is not medically necessary or appropriate.