MAXIMUS Federal Services

Case Number:	CM14-0007147		
Date Assigned:	02/07/2014	Date of Injury:	05/10/2013
Decision Date:	06/23/2014	UR Denial Date:	12/18/2013
Priority:	Standard	Application Received:	01/19/2014

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 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 patient is a 45-year-old female who has submitted a claim for ankylosing spondylitis associated with an industrial injury date of May 10, 2013. The patient complains of constant, severe lumbar spine pain described as throbbing and burning in nature. This was accompanied by right buttock pain and numbness radiating down the right leg to the heel. Physical examination showed +4 spasm and tenderness over the lumbar paraspinal muscles from L1 to S1, quadratus lumborum and coccyx; positive Kemp's and Yeoman's tests bilaterally; positive straight leg raise and Braggard's test on the right; decreased right hamstrings reflex; and diminished sensation to light touch over the right L5 dermatome. Diagnoses include lumbar disc displacement with myelopathy, sciatica and sacroiliitis. An initial functional capacity evaluation was done on May 10, 2013. A final FCE was requested because the patient has finished her conservative treatment plan. The patient is currently released to work with restrictions until February 2, 2014. Treatment to date has included oral and topical analgesics, acupuncture, home exercise program and physical therapy. Utilization review from December 18, 2013 denied the request for functional capacity evaluation because there was no documentation of treatment or therapy to date.

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, (2004), Independent Medical Examinations and Consultations Page(s) 132-139

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation (ACOEM), 2nd Edition, (2004) Chapter 7 PAGE 132-139

Decision rationale: According to pages 132-139 of the ACOEM Guidelines referenced by CA MTUS, functional capacity evaluations (FCEs) may be ordered by the treating physician if the physician feels the information from such testing is crucial. Though FCEs are widely used and promoted, it is important for physicians to understand the limitations and pitfalls of these evaluations. FCEs may establish physical abilities and facilitate the return to work. However, FCEs can be deliberately simplified evaluations based on multiple assumptions and subjective factors, which are not always apparent to the requesting physician. There is little scientific evidence confirming that FCEs predict an individual's actual capacity to perform in the work place. In this case, the patient was noted have finished the course of conservative treatment hence the request for a final functional capacity evaluation. However, there is no indication that the patient is close to maximum medical improvement as there was still complaint of severe low back pain. Furthermore, it was not made clear whether there is an attempt to declare the disability status permanent and stationary. The patient was scheduled to be released to work with restrictions until February 2, 2014. However, the current status of the patient is unknown due to lack of documentation. Therefore, the request for ONE FUNCTIONAL CAPACITY EVALUATION is not medically necessary.