

Case Number:	CM14-0008934		
Date Assigned:	01/29/2014	Date of Injury:	10/14/2013
Decision Date:	06/23/2014	UR Denial Date:	12/24/2013
Priority:	Standard	Application Received:	12/31/2013

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 and Rehabilitation, has a subspecialty in Interventional Spine, 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:

This patient is a 39-year-old male with date of injury 10/14/2013. Per treating physician's report 11/20/2013, the patient has lumbar spine pain described as dull, moderately severe, constant, exacerbated by movement. The patient's main job characteristics include prolonged standing, walking, kneeling, squatting, bending, stooping, climbing, and overhead work, lifting, pushing, pulling up to 100 pounds. The patient has not had lost work time as a result of this injury. "He works 46 hours per week." Current medications include Polar Frost, Relafen, and Tramadol. Examination showed normal gait with full weight bearing both lower extremities, normal posture, no weakness, no kyphosis, no scoliosis, and sensory examination was normal. Diagnoses include lumbar radiculopathy sprain/strain, lumbar muscle spasm in the back. Work status was to return to work with restrictions and the patient must wear back support. The 11/13/2013 report indicates that the patient is working modified duty, tolerating current medications, DME are helping with symptoms, light duty being accommodated, no new symptoms, and old lumbar support broke. Treatment recommendation was for renewal of the physical therapy, check an MRI, return to back specialist.

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 9792.23.1 Neck and Upper Back Complaints, 9792.23.5 Low Back Complaints, American College of Occupational and Environmental Medicine (ACOEM), 2nd Edition, Chapter 7: Independent Medical Examination and Consultations, and Official Disability Guidelines (ODG), Treatment in Workers' Compensation, Online Edition, Chapter: Fitness for Duty, Functional Capacity Evaluation (FCE).

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation American College of Occupational and Environmental Medicine (ACOEM), 2nd Edition, (2004) ACOEM Practice guidelines, 2nd Edition (2004), Chapter 7 has the following regarding functional capacity evaluations: (p137,139) Opinion about current work capability and, if requested, the current objective functional capacity of the examinee. The examiner is responsible for determining whether the impairment results in functional limitations and to inform the examinee a

Decision rationale: This patient presents with persistent low back pain following injury. The request is for functional capacity evaluation, but there was no request for authorization sheet included for review and no progress report containing the request. ACOEM Guidelines do not recommend routine functional capacity evaluation except for special circumstances such as when the employer or claim administrator is requesting it or if the treating physician feels the information from such testing is crucial. ACOEM further states that it is important for physicians to understand the limitations and pitfalls of these evaluations and that there is a little scientific evidence confirming that FCEs predict an individual's actual capacity to perform in the workplace. The treating physician does not explain why functional capacity evaluation is needed when this patient is already working modified duty. The treating physician is responsible for determining the patient's impairments and functional limitations based on diagnosis and clinical presentation. Functional capacity evaluations are not predictive per ACOEM Guidelines. Recommendation is for denial. The request is not medically necessary and appropriate.