

Case Number:	CM14-0009994		
Date Assigned:	02/21/2014	Date of Injury:	08/23/2001
Decision Date:	08/01/2014	UR Denial Date:	01/09/2014
Priority:	Standard	Application Received:	01/24/2014

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:

This is a 61-year-old female patient with an 8/23/01 date of injury. The patient complains of 10/10 neck pain which repeat down the bilateral arms, with is associated weakness and 8/10 lumbar pain. On examination, there was paraspinal muscular tenderness and spasms. The medical records from 2013 were reviewed, which showed that the patient complained of neck pain, 10/10, radiating to both arms, associated with weakness, and worse at night. On physical examination, there was tenderness of the paraspinal muscles with noted spasms. Scalene muscles and trapezius were tender also. Spurling's test was negative. The treatment to date has included medications, TENS unit, localized intense neurostimulation therapy, and physical therapy. There is documentation of a previous 1/9/14 adverse determination for lack of a comprehensive physical exam with functional deficits and no discussion about return to work attempts. There was ongoing treatment and no evidence that the patient was approaching maximum medical improvement (MMI).

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 Functional Capacity Evaluations, Functional Improvement Measures.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Non-MTUS ACOEM Practice Guidelines, Chapter 7: Independent Medical Examinations and Consultations, page 132-139 and on the Non-MTUS Official Disability Guidelines (ODG) Fitness for Duty Chapter, FCE.

Decision rationale: The California MTUS states that there is little scientific evidence confirming that functional capacity evaluations (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. In addition, the ODG states that an FCE should be considered when case management is hampered by complex issues (prior unsuccessful return to work attempts, conflicting medical reporting on precautions and/or fitness for modified job), injuries that require detailed exploration of a worker's abilities, timing is appropriate (Close to or at MMI/all key medical reports secured), and additional/secondary conditions have been clarified. However, there is no specific rationale identifying how a detailed exploration of the patient's functional abilities in the context of specific work demands would facilitate return-to-work. There is no evidence of previous failed attempts to return to full duties, or specific factors that would complicate such endeavors. The patient is continuing with therapeutic modalities and there remains no evidence that the patient is approaching MMI. It is unclear how results of the FCE would alter the further diagnostic and therapeutic course of management. Therefore, the request for a FCE was not medically necessary.