MAXIMUS Federal Services

Case Number:	CM14-0108897		
Date Assigned:	08/01/2014	Date of Injury:	10/11/2013
Decision Date:	09/22/2014	UR Denial Date:	07/02/2014
Priority:	Standard	Application Received:	07/14/2014

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 Physical Medicine and 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 31-year-old male who reported an injury on 10/11/2013; while lifting some boxes, he felt pain. The injured worker had a history of back pain. The injured worker had diagnoses of lumbar pain/strain. The MRI dated 07/16/2014 of the lumbar spine revealed no evidence of acute fracture or spondylolisthesis, no evidence of paraspinal muscle strain; no evidence of disc herniation, spinal canal stenosis, or neural foraminal narrowing. The past treatment included acupuncture, manual therapy, hot packs, exercise, analgesic patch, and a stimulator unit. The objective findings dated 11/11/2013, revealed no antalgic gait, good range of motion of the back with discomfort, no spasms, tenderness to palpation of the lumbar spine, motor and sensory within normal limits. No medications available for review. The plan of care included heat and range of motion exercises, naproxen 220 mg, and follow-up appointment. The Request for Authorization dated 08/01/2014 was submitted with documentation. The request for the Functional Capacity Evaluation was not provided.

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 ACOEM Page(s): https://www.acoempracguides.org/Low Back; Table 2, Summary of Recommendtions, Low Back Disorders. Decision based on Non-MTUS Citation Official Disability Guidelines; Work

Loss Data Institute, LLC; Corpus Christi, TX; www.odg-twc.com; Section: Low Back- Lumbar and Thoracic (Acute and Chronic).

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Fitness for Duty, Functional Capacity Evaluation.

Decision rationale: The request for Functional Capacity Evaluation is not medically necessary The Official Disability Guidelines indicate that a Functional Capacity Evaluation is recommended prior to admission to a Work Hardening Program, with preference for assessments tailored to a specific task or job. If a worker is actively participating in determining the suitability of a particular job, the functional Capacity Evaluation is more likely to be successful. A FCE is not as effective when the referral is less collaborative and more directive. It is important to provide as much detail as possible about the potential job to the assessor. Job specific FCEs are more helpful than general assessments. The report should be accessible to all the return to work participants. Consider an FCE if case management is hampered by complex issues such as: 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 or at MMI/all key medical reports secure. Additional and/or 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. The documentation did not indicate why the injured worker needed a Functional Capacity Evaluation. The clinical note was from 11/11/2013 that indicated a mild back strain that improved after acupuncture. No measurable pain scale provided. As such, The Functional Capacity Evaluation is not medically necessary.