

Case Number:	CM14-0010583		
Date Assigned:	02/21/2014	Date of Injury:	02/15/2011
Decision Date:	07/25/2014	UR Denial Date:	01/21/2014
Priority:	Standard	Application Received:	01/24/2014

HOW THE IMR FINAL DETERMINATION WAS MADE

MAXIMUS Federal Services sent the complete case file to a Physician Reviewer. He/she has no affiliation with the employer, employee, providers or the claims administrator. The Physician 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 Physician 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 49-year-old male patient with a 2/15/11 date of injury. An 11/19/14 progress report indicates persistent low back pain with occasional radiation into the right leg, responsive to gabapentin. Physical exam demonstrates bilateral lumbar tenderness guarding, limited lumbar range of motion, unremarkable lower extremity neurologic findings. A 1/24/12 lumbar MRI demonstrates degenerative changes, most marked at L3-4, mild to moderate left-sided foraminal stenosis at L5-S1, mild to moderate bilateral foraminal stenosis at L4-5, and, to a lesser extent, at L2-3. Treatment to date has included physical therapy, medication, lumbar epidural steroid injection, and activity modification. The patient underwent right shoulder surgery 10 years ago. The patient also underwent chiropractic care, which worsened his complaints. Medical reports from 2012-13 were reviewed, indicating persistent, recalcitrant low back pain complaints. A 12/17/13 electrodiagnostic study demonstrates unremarkable lower extremity EMG. There is documentation of a previous adverse 1/21/14 determination for lack of any rationale for the requested FCE or any limitations in the patient's function

IMR ISSUES, DECISIONS AND RATIONALES

The Final Determination was based on decisions for the disputed items/services set forth below:

FCE LS: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Independent Medical Examinations and Consultations Page(s): 132-139. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) (Fitness for Duty Chapter), FCE.

Decision rationale: The California MTUS guidelines indicate that there is little scientific evidence confirming that 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 guidelines indicate that an FCE should be considered when case management is hampered by complex issues (prior unsuccessful RTW (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 injured worker'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 complicating factors. It is unclear why the injured worker was unable to return to work. Given ongoing therapeutic modalities with recent authorizations for acupuncture and PT, there is no indication that the injured worker is approaching MMI (maximum medical improvement). The request is not medically necessary.