

Case Number:	CM14-0012575		
Date Assigned:	02/21/2014	Date of Injury:	10/14/2011
Decision Date:	07/08/2014	UR Denial Date:	01/03/2014
Priority:	Standard	Application Received:	01/31/2014

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 37-year-old male with a reported date of injury on 10/14/2011. The mechanism of injury was noted to be a motor vehicle accident. His diagnoses were noted to include status post anterior interbody fusion L4-5, disc desiccation with back pain at L3-4 and L5-S1, and status post facet Rhizotomy. His previous treatments were noted to include facet blocks, pain medications, and radiofrequency ablation. The provider reported the injured worker felt better after the Rhizotomy, he stated the pain was less, and still felt numbness in his groin and perineal area. The physical examination revealed weakness to bilateral lower extremities, the straight leg raise test caused back pain, and there was a decreased range of motion of the lumbosacral spine. The Request for Authorization Form was not submitted within the medical records. The request is for a Functional Capacity Evaluation in preparation for permanent and stationary reporting.

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 Chapter 2 General Approach to Initial Assessment and Documentation.

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 provider requested a Functional Capacity Evaluation in preparation for permanent and stationary reporting. The Official Disability Guidelines recommend a Functional Capacity Evaluation prior to admission to a work hardening program, with preferences for assessments tailored to a specific task or job. The guidelines do not recommend a Functional Capacity Evaluation as a routine part of occupational rehab or screening, or generic assessments in which the question is whether someone can do any type of job. The guidelines also state, if a worker is actively participating in determining the suitability of a particular job, the Functional Capacity Evaluation is more likely to be successful. The guidelines for performing a Functional Capacity Evaluation are 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, and injuries that require detailed exploration of a worker's abilities, and also if the timing is appropriate, such as close to or at maximum medical improvement/all key medical reports secured, additional/secondary conditions clarified. The guidelines state do not proceed with a Functional Capacity Evaluation if the sole purpose is determination of a worker's effort or compliance, or the worker has returned to work and an ergonomic assessment has not been arranged. The documentation provided requesting the Functional Capacity Evaluation is in preparation for permanent and stationary reporting as the injured worker is approaching maximum medical improvement. There is a lack of documentation regarding previous unsuccessful return to work attempts, and there is no evidence of a plan to enter a work hardening program. Therefore, it is unknown if a Functional Capacity Evaluation is appropriate at this time for permanent and stationary reporting. Therefore, the request is not medically necessary.