

Case Number:	CM14-0013296		
Date Assigned:	02/26/2014	Date of Injury:	02/28/2013
Decision Date:	07/25/2014	UR Denial Date:	01/20/2014
Priority:	Standard	Application Received:	02/03/2014

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 Anesthesiology, has a subspecialty in Pain Management 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 39-year-old female patient with a 8/28/13 date of injury. A 12/18/13 progress report indicates persistent low back pain radiating to bilateral lower extremities. The physical exam demonstrates guarded lumbar range of motion, positive Waddell's signs x 4, diffuse 4/5 strength. An 5/24/13 lumbar MRI demonstrates, at L4-5, a 3-mm disk bulge with bilateral neural foraminal exit zone narrowing; and, at L5-S1, a 3-mm disk bulge without stenosis. Discussion and excised the MRI findings do not correlate with the severity of her pain and diffuse nature of her weakness. There are suspected significant psychosocial barriers as supported by positive Waddells signs and aberrant urine drug screen results. Consideration was made for functional restoration program. Treatment to date has included medication, activity modification, acupuncture, home exercise, and physical therapy. There is documentation of a previous 1/20/14 adverse determination; reasons for previous denial were unavailable.

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 Non-MTUS Official Disability Guidelines (ODG).

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 CA MTUS states 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, ODG states that an FCE should be considered when case management is hampered by complex issues (prior unsuccessful RTW 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 maximal medical improvement (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 complicating factors. Given ongoing therapeutic modalities and consideration for functional restoration program, there is no indication that the patient is approaching MMI. There are four positive Waddell's signs, but a psychological consultation was not considered or obtained. Therefore, the request for a functional capacity evaluation is not medically necessary.