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| Case Number: | CM14-0014017 | | |
| Date Assigned: | 02/26/2014 | Date of Injury: | 02/12/2012 |
| Decision Date: | 12/23/2014 | UR Denial Date: | 01/29/2014 |
| 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 Physical Medicine and Rehabilitation, has a subspecialty in Interventional Spine 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 patient is a 63 year old female with an injury date on 02/12/2012. Based on the 12/05/2013 progress report provided by the treating physician, the diagnoses are: 1. UNS thoracic/lumbar neuritis, 2. Sciatica, 3. Acquire spondylolisthesis, 4. Degenerative lumbar/lumbosacral. According to this report, the patient complains of constant pain on the lumbar spine. The patient's pain continues with intermittent numbness to both legs. Exam findings show positive triggers on the left. Gait is antalgic on the left. There were no other significant findings noted on this report. The utilization review denied the request for functional capacity evaluation lumbar spine on 01/29/2014 based on the ACOEM guidelines. The requesting physician provided treatment reports from 06/27/2013 to 09/11/2014.

IMR ISSUES, DECISIONS AND RATIONALES

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

FUNCTIONAL CAPACITY EVALUATION LUMBAR SPINE: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation MTUS: CHRONIC PAIN MEDICAL TREATMENT GUIDELINES, ,

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation American College of Occupational and Environmental

Medicine (ACOEM), 2nd Edition, (2004) Chapter 7, pages 137-139, FUNCTIONAL CAPACITY EVALUATION

Decision rationale: According to the 12/05/2013 report, this patient presents with low back pain. The current request is for functional capacity evaluation lumbar spine. However, the physician's report containing the request is not included in the file. The utilization review denial letter states, "There is no currently available documentation to establish the medical necessity." Regarding Functional/Capacity Evaluation, ACOEM Guidelines page 137 states, "The examiner is responsible for determining whether the impairment results in functional limitations... The employer or claim administrator may request functional ability evaluations... These assessments also may be ordered by the treating or evaluating physician, if the physician feels the information from such testing is crucial...There is little scientific evidence confirming that FCEs predict an individual's actual capacity to perform in the workplace." In this case, the treater does not explain why FCE is crucial. It is not requested by the employer or the claims administrator. The FCE does not predict the patient's actual capacity to perform in the workplace. Recommendation is for denial.