

Case Number:	CM14-0016787		
Date Assigned:	04/11/2014	Date of Injury:	04/17/2009
Decision Date:	05/28/2014	UR Denial Date:	01/29/2014
Priority:	Standard	Application Received:	02/10/2014

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 49-year-old male who reported injury on 04/17/2009. The mechanism of injury was the injured worker had a harness on and was using a rope to pull a bathtub onto a second floor when the bathtub got stuck on a scaffold the injured worker felt a pull. The documentation of 10/21/2013 revealed the injured worker had a pain management evaluation. The injured worker was in moderate to severe pain in the cervical, thoracic and lumbar spine. Medications were Norco, Zolpidem, Omeprazole, and Colace. Diagnoses included cervical spine sprain/strain, cervical facet joint pain, thoracic spine sprain/strain, failed back surgery syndrome, lumbar radiculitis and sacroiliac joint pain. The recommendations and treatment included Norco, Gabapentin, Zolpidem, compounded topical analgesic creams, and a left L5 through S1 transforaminal selective nerve root epidural injection. The submitted request was for a Functional Capacity Evaluation.

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 ACOEM Practice Guidelines, 2nd Edition (2004), Chapter 7, page 127 and the Official Disability Guidelines (ODG).

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 5 Cornerstones of Disability Prevention and Management Page(s): 89-92. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), FCE Section.

Decision rationale: The California ACOEM guidelines indicate there is a functional assessment tool available and that is a Functional Capacity Evaluation, however, it does not address the criteria. As such, secondary guidelines were sought. The Official Disability Guidelines (ODG) indicates that a Functional Capacity Evaluation is appropriate when a worker has had prior unsuccessful attempts to return to work, has conflicting medical reports, the patient had an injury that required a detailed exploration of a workers abilities, a worker is close to maximum medical improvement and/or additional or secondary conditions have been clarified. However, the evaluation should not be performed if the main purpose is to determine a worker's effort or compliance or the worker has returned to work and an ergonomic assessment has not been arranged. The clinical documentation submitted for review failed to indicate the injured worker had a prior unsuccessful attempt to return to work and had conflicting medical reports. There was lack of documentation indicating that a secondary condition had been clarified and that the injured worker was close to maximum medical improvement. Given the above, the request for a Functional Capacity Evaluation is not medically necessary.