

Case Number:	CM14-0018435		
Date Assigned:	04/18/2014	Date of Injury:	01/22/2010
Decision Date:	06/30/2014	UR Denial Date:	01/29/2014
Priority:	Standard	Application Received:	02/13/2014

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 patient is an employee of [REDACTED] and has submitted a claim for right L4-L5 disc herniation with radiculopathy, anxiety, and major depressive disorder associated with an industrial injury date of January 22, 2010. Treatment to date has included psychotherapy, right ankle arthroscopy on July 18, 2013; lumbar epidural injection on November 27, 2013; physical therapy, and medications such as tramadol, Zanaflex, Prozac, Relafen, Ibuprofen. Medical records from 2013 to 2014 were reviewed showing that patient complained of low back pain radiating down to her right foot associated with numbness. Pain was described as sharp, burning, stabbing, throbbing, and tingling. Intake of medications relieved the pain. She reported feeling depressed however denies suicidal ideation. Recently, the patient experienced chest pain, sweating, tenseness in shoulder and jaw, dry mouth and cold hands due to emotional distress. Physical examination showed tenderness at L4 to S1 levels, right sciatic notch, and dorsum of right foot. Range of motion of the lumbar spine was decreased on all planes. Sensation was diminished at the right L5 dermatome. Gait was antalgic. Patient had constricted affect, as well as tearfulness. Utilization review from January 29, 2014 denied the request for functional capacity exam (FCE) because there was no clear indication, and there was no discussion of significant functional limitations preventing the patient from returning to work.

IMR ISSUES, DECISIONS AND RATIONALES

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

FUNCTIONAL CAPACITY EXAM (FCE): Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation American College Of Occupational And Environmental Medicine, 2nd Edition: Chapter 7; Independent Medical Examinations And Consultations (page(s) 132--139).

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), Guidelines Independent Medical Examinations and Consultations page(s)132-139.

Decision rationale: As stated on pages 132-139 of the ACOEM Guidelines referenced by CA MTUS, functional capacity evaluations (FCEs) may be ordered by the treating physician if the physician feels the information from such testing is crucial. FCEs may establish physical abilities and facilitate the return to work. There is little scientific evidence confirming that FCEs predict an individual's actual capacity to perform in the workplace. Furthermore, ODG states that if a worker is actively participating in determining the suitability of a particular job, the FCE is more likely to be successful. It is not effective when the referral is less collaborative and more directive. In this case, the rationale given is to provide a permanent and stationary report, and to determine the suitability of a particular job. This case has been hampered by complex issues such as: unsuccessful attempts to return her back to usual and customary duties, conflicting medical records as to the work status, and any significant injuries that require detailed exploration for work precautions or modified duties. A report from 01/14/2013 cited that patient returned to work until May 2011 when she was placed on disability due to stress. She returned to work again in August 2011 and continued working until July 2013 when she underwent surgery. She complained of severe anxiety with panic attacks when she had thoughts about returning to work. She reported feeling ridiculed at work. She was deemed permanent and stationary since September 2012. The patient is currently on temporary total disability. FCE facilitates an employee to return to work, however, a report from 02/19/2014 cited that patient had no plans to work again. During that particular visit, she was highly distressed and irate, and not participative. Therefore. Given the above the request for a functional capacity evaluation is not medically necessary.