

Case Number:	CM14-0110068		
Date Assigned:	08/01/2014	Date of Injury:	03/25/2014
Decision Date:	09/18/2014	UR Denial Date:	07/08/2014
Priority:	Standard	Application Received:	07/15/2014

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 Occupational Medicine 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:

There were 74 pages provided for review. The application for independent medical review was signed on July 15, 2014. The item that was denied or modified was the functional capacity evaluation. Per the records provided, the patient was injured on June 24, 2014. There was constant moderate to occasionally severe low back pain. There was stiffness and pain in the lower back and severe muscle spasms when the pain was sharp. The patient was unable to get out of the bed when there was severe pain. The pain radiated into the mid back. The patient also complains of weakness of the lower extremities. On exam, he had frequent shifting of position or posterior. There was tenderness along the right lumbar paravertebral muscles and the right sacroiliac joint. There was pain in the right lumbar spine with heel-toe walking. Treatment plans included a functional capacity evaluation, chiropractic treatment, and interferential unit. He was placed on modified work with limited stooping and bending, limited standing and walking for 30 minutes, and limited sitting for two hours. The original injury occurred when the patient crawled under the bottom of the rack to pull out box weighing 70 pounds. The lower back stiffened. He felt a severe popping sensation in the low back. On May 19, 2014, the patient also reportedly developed low back pain due to repetitive job duties, which was operating a cherry picker forklift. He was prescribed Tramadol and Norco. No surgeries are noted. The records provided did not provide a particular job description.

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, 2nd Edition, Chapter 7 Independent Medical Examinations and Consultations (pp 132-139), Official Disability Guidelines Fitness for Duty (updated 03/26/14): Functional capacity evaluation (FCE).

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 48.

Decision rationale: Chronic Pain Medical Treatment guidelines, page 48 note that a functional capacity evaluation (FCE) should be considered when necessary to translate medical impairment into functional limitations and determine return to work capacity. There is no evidence that this is the plan in this case. The MTUS also notes that such studies can be done to further assess current work capability. However, 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. Little is known about the reliability and validity of these tests and more research is needed. The ODG notes that several criteria be met. I did in this case find prior unsuccessful return to work attempts, or the cases' relation to being near a Maximal Medical Improvement declaration. Initial or baseline FCEs are not mentioned, as the guides only speak of them as being appropriate at the end of care. The case did not meet this timing criterion. For these reasons, this request is not medically necessary.