

Case Number:	CM14-0113086		
Date Assigned:	08/01/2014	Date of Injury:	03/04/2014
Decision Date:	09/10/2014	UR Denial Date:	06/26/2014
Priority:	Standard	Application Received:	07/21/2014

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 & Rehabilitation, has a subspecialty in Pain 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:

The injured worker is a 48 year old female with an original date of injury of 3/4/2014. The covered body region is the lumbar spine, and the patient has chronic low back pain, lumbar strain, and lumbar facet arthropathy. Conservative treatments to date have included Soma, Norco, chiropractic, physical therapy course with home exercise, and facet blocks (done on 5/20/2014). The patient is felt to have plateaued and is unable to return to full duties in her work as a caregiver in a home care company. A utilization review determination had non-certified this request, citing Official Disability Guidelines that state the evidence is poor for this type of testing, and also pointing out that failed return to work attempts have not been documented. The injured worker is a 48 year old female with an original date of injury of 3/4/2014. The covered body region is the lumbar spine, and the patient has chronic low back pain, lumbar strain, and lumbar facet arthropathy. Conservative treatments to date have included Soma, Norco, chiropractic, physical therapy course with home exercise, and facet blocks (done on 5/20/2014). The patient is felt to have plateaued and is unable to return to full duties in her work as a caregiver in a home care company. A utilization review determination had non-certified this request, citing Official Disability Guidelines that state the evidence is poor for this type of testing, and also pointing out that failed return to work attempts have not been documented.

IMR ISSUES, DECISIONS AND RATIONALES

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

Baseline Work Capacity Evaluation: Overturned

Claims Administrator guideline: Decision based on MTUS ACOEM Page(s): 137-138. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG): Fitness For Duty Chapter; Arch Phys Med Rehabil. 2014 May;95(5):807-815.e1. doi:10.1016/j.apmr.2014.01.017. Epub 2014 Feb 3. Are Performance Based Functional Assessments Superior to Semistructured Interviews for Enhancing Return-to-Work Outcomes.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines The CA MTUS does not specifically address functional capacity evaluations. Other well-established guidelines include ACOEM and ODG. ACOEM Chapter 7 Functional Capacity Evaluation states on pages 137-138.

Decision rationale: The CA MTUS does not specifically address functional capacity evaluations. Other well-established guidelines include ACOEM and ODG. ACOEM Chapter 7 Functional Capacity Evaluation states on pages 137-138: The employer or claim administrator may request functional ability evaluations, also known as Functional Capacity Evaluations, to further assess current work capability. These assessments also may be ordered by the treating or evaluating physician, if the physician feels the information from such testing is crucial.. An FCE is time-consuming and cannot be recommended as a routine evaluation. Guidelines for performing an FCE: If a worker is actively participating in determining the suitability of a particular job, the FCE is more likely to be successful. A FCE is not as effective when the referral is less collaborative and more directive. It is important to provide as much detail as possible about the potential job to the assessor. Job specific FCEs are more helpful than general assessments. The report should be accessible to all the return to work participants. Consider an FCE if 1. Case management is hampered by complex issues such as: - 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. 2. Timing is appropriate: - Close or at MMI/all key medical reports secured. - Additional/secondary conditions clarified. Do not proceed with an FCE if - The sole purpose is to determine a worker's effort or compliance. - The worker has returned to work and an ergonomic assessment has not been arranged. (WSIB, 2003)The patient is felt to have plateaued and is unable to return to full duties in her work as a caregiver in a home care company. A utilization review determination had non-certified this request, citing Official Disability Guidelines that state the evidence is poor for this type of testing, and also pointing out that failed return to work attempts have not been documented. However, it should be noted that the ACOEM guidelines have different specification for an FCE. These guidelines in terms of evidence-based strength of hierarchy are considered equivalent to the Official Disability Guidelines. The ACOEM guidelines are more permissive in allowing FCE, and state FCE may be ordered by the treating or evaluating physician, if the physician feels the information from such testing is crucial. In this case, there is documentation of significant conservative treatment and progression from a functional perspective has stalled. The patient for the interim has modified duties, but cannot return to full duties. Therefore, this request for baseline work capacity evaluation is medically necessary.

