

Case Number:	CM14-0154556		
Date Assigned:	09/24/2014	Date of Injury:	05/09/2014
Decision Date:	10/24/2014	UR Denial Date:	08/26/2014
Priority:	Standard	Application Received:	09/22/2014

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 Family Medicine and is licensed to practice in North Carolina. 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 25-year-old with a reported date of injury of 05/09/2014. The patient has the diagnoses of lumbar disc disease, lumbar pain, lumbar sprain, radiculitis and lumbar stenosis. Past treatment modalities have included physical therapy and aqua therapy. Per the most recent progress notes provided for review by the primary treating physician dated 08/12/2014, the patient had complaints of improving low back pain. The physical exam noted mild tenderness to palpation in the lumbar region with no sensory deficits or significant decrease in range of motion. Treatment plan recommendations included a request for a lumbar support chair, a light Kevlar vest a functional capacity examination and a light gun belt.

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 Guidelines, Chapter 7, Independent Medical Examinations and Consultations, Official Disability Guidelines (ODG), Work Conditioning, Work Hardening Program, Fitness for Duty Chapter, Functional Capacity Evaluation (FCE)

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) functional capacity evaluations (FCE)

Decision rationale: The California MTUS and the ACOEM do not specifically address functional capacity evaluations. Per the ODG, functional capacity evaluations (FCE) are recommended prior to admission to work hardening programs, with preference for assessments tailored to a specific job. Not recommended as a routine use as part of occupational rehab or screening or generic assessments in which the question is whether someone can do any type of job. Per the progress notes, the physician requested a FCE to better assess the patient's ability to return to work without restrictions, to improve the treatment program and to assess physical abilities. These are not recommended reasons for an FCE per the ODG. The patient does not have a documented unsuccessful return to work attempt. The patient's pain is improving and there is no objective documentation as to the patient needing exploration of the worker's abilities. For these reasons criteria for a FCE have not been met per the ODG. The request is therefore not medically necessary.