

Case Number:	CM14-0157434		
Date Assigned:	10/17/2014	Date of Injury:	05/01/2008
Decision Date:	12/24/2014	UR Denial Date:	09/16/2014
Priority:	Standard	Application Received:	09/25/2014

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, 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 sustained a work related injury on May 1, 2008. The exact mechanism of the work related injury was not provided in the documentation supplied. The Primary Treating Physician's report dated March 11, 2014, noted the injured worker complaining of increased low back pain, felt to be due to working under full duty without restrictions. The Physician noted the diagnosis as herniated nucleus pulposus of the lumbosacral spine with bilateral L5 radiculopathy, left worse than right. The treatment plan included modified work duty and continuation of the oral medications. On May 30, 2014, the injured worker was noted to receive a trigger point injection to the left L5-S1 area where a large trigger point and spasm were identified. On June 30, 2014, the Physician noted the injured worker had benefitted from the trigger point injection and was to continue with use of medications and home exercise program. The Primary Treating Physician's note of August 29, 2014, noted the injured worker continuing to experience ongoing increasing low back pain which at times radiates down both lower extremities. Physical therapy and trigger point injections were noted to have been beneficial. Physical examination was noted to show pain to palpation from L4-S1, left and right paraspinal musculature, left worse than right, as well as mid spine. The Physician noted the injured worker continuing to worsen, remaining on modified work duty, with recommendation of a Functional Capacity Evaluation. The Primary Treating Physician requested authorization for a Functional Capacity Evaluation on September 8, 2014. On September 17, 2014, Utilization Review evaluated the request for a Functional Capacity Evaluation, citing MTUS guidelines. The Utilization Review determination noted that the UR Physician's findings did not support the medical necessity of the requested service. The documentation supplied did not include the UR Physician's report of the findings leading to the decision. The decision was subsequently appealed to Independent Medical Review.

IMR ISSUES, DECISIONS AND RATIONALES

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

Functional Capacity Evaluation: Overturned

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation (ACOEM), 2nd Edition, (2004) Chapter 1 Pages 12 & Chapter 7, Pages 137-138 and the Official Disability Guidelines (ODG), Fitness for Duty Chapter, Functional Capacity Evaluation

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. Though Functional Capacity Evaluations (FCEs) are widely used and promoted, it is important for physicians and others to understand the limitations and pitfalls of these evaluations." The Official Disability Guidelines specify the following "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)" It is important to note in this case that both the ACOEM and ODG are equivalent in the strength of evidence hierarchy as specify by statute. The ACOEM clearly has less stringent guidelines and allows for a functional capacity evaluation when a requesting provider feels that this testing is crucial despite the potential pitfalls of such an evaluation. In the case of this injured worker, there is documentation that the requesting provider feels a functional capacity evaluation is very important. This is documented in a progress notes from March to August 2014. The patient continues on work restrictions of no lifting greater than 20 pounds and is frustrated at his chronic pain. The worker has tried physical therapy, trigger point injections, and pain medications to date. Given this documentation, and the patient's persistent pain and dysfunction despite conservative measures, the request for Functional Capacity Evaluation is medically necessary.