

Case Number:	CM14-0158379		
Date Assigned:	10/01/2014	Date of Injury:	10/08/2009
Decision Date:	12/10/2014	UR Denial Date:	09/12/2014
Priority:	Standard	Application Received:	09/26/2014

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 Internal Medicine, has a subspecialty in Hospice and Palliative Medicine and is licensed to practice in Pennsylvania. 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 54-year-old gentleman with a date of injury of 10/08/2009. A Maximal Medical Improvement Report dated 06/12/2014 identified the mechanism of injury as the worker lifted a heavy toilet, resulting in lower back pain. This report; treating physician notes dated 03/18/2014, 05/09/2014, 06/06/2014, 07/07/2014; and a Functional Restoration Program Discharge Report dated 08/22/2014 indicated the worker was experiencing lower back pain that went into both legs, poor sleep quality, and depressed mood. Documented examinations consistently described a painful way of walking requiring a cane, decreased motion in the lower back joints, lower back tenderness, decreased sensation along the right L4-S1 spine nerves, and positive testing with a raised straightened leg on both sides. The submitted and reviewed documentation concluded the worker was suffering from lower back pain, lower back radiculopathy, and mid-back sprain and strain with muscle spasm. Treatment recommendations included oral pain medication, medication injected near the spine nerves of the lower back, use of a health club with a home exercise program, a functional capacity evaluation, and follow up care. A Utilization Review decision was rendered on 09/12/2014 recommending non-certification for a functional capacity evaluation (FCE) of the lower back.

IMR ISSUES, DECISIONS AND RATIONALES

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

Functional Capacity Evaluation (FCE) (lumbar spine): Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), functional capacity evaluation

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 5 Cornerstones of Disability Prevention and Management Page(s): 21-22, 80-83.

Decision rationale: The MTUS Guidelines support the use of a functional capacity evaluation (FCE) if it is necessary to translate a medical problem into functional limits and/or to determine a worker's capacity to perform work duties. This more precise and detailed assessment is not needed in every case. The submitted and reviewed documentation indicated the worker was experiencing lower back pain that went into both legs, poor sleep quality, and depressed mood. The records indicated the worker completed a functional restorative program on 08/22/2014 with significant benefits. There was no discussion describing the reason(s) a FCE was needed to determine the worker's capacity or why a more routine assessment was unable to make this determination. In the absence of such evidence, the current request for a functional capacity evaluation (FCE) of the lumbar spine is not medically necessary.