

Case Number:	CM14-0185888		
Date Assigned:	11/13/2014	Date of Injury:	11/12/1998
Decision Date:	12/22/2014	UR Denial Date:	10/30/2014
Priority:	Standard	Application Received:	11/07/2014

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 Rehabilitation & Pain Management has a subspecialty in Interventional Spine 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 patient is a 61-year-old male with a date of injury of 11/12/1998. According to progress report 10/21/2014, the patient presents with continued neck and low back pain. The treater states that cervical spine triggers are improved since injections. Lumbar spine has some recurrent triggers. The left shoulder triggers are as before. This is the extent of the examination findings. Progress report 07/29/2014 indicates the patient has limited range of motion with pain in the cervical spine and lumbar spine. The low back pain radiates into the right glute. The listed diagnoses are: 1. Sprain/strain lumbar region. 2. Tension headache. 3. Thoracic/lumbar neuritis. 4. Displaced cervical intervertebral disk. This is a request for functional capacity evaluation. Utilization review denied the request on 10/30/2014. Treatment reports from 05/20/2014 through 10/21/2014 were reviewed.

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 Official Disability Guidelines (ODG), Fitness for Duty Chapter.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation American College of Occupational and Environmental Medicine (ACOEM), 2nd Edition, (2004) Chapter 7, pages 137 and 139 Functional Capacity Evaluation. n

Decision rationale: This patient presents with chronic neck and low back pain. The current request is for a functional capacity evaluation. A rationale for this request was not given. ACOEM Guidelines, pages 137 and 139 do not support routine use of functional capacity evaluation. It states that the examiner is responsible for determining whether the impairment results in functional limitation. There is little evidence that FCEs can predict an individual's actual capacity to perform in the workplace. FCEs are reserved for special circumstances when the employer or adjuster request for it, or if the information from FCEs is crucial. A routine FCE is not supported, and in this case, the treater does not discuss why it is required and there is no information in the medical records provided to indicate that the employer or adjuster has requested a functional capacity evaluation. The request is not medically necessary.