

Case Number:	CM14-0030202		
Date Assigned:	06/20/2014	Date of Injury:	10/08/2012
Decision Date:	08/19/2014	UR Denial Date:	02/06/2014
Priority:	Standard	Application Received:	03/10/2014

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 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 37-year-old female with a date of injury of 10/08/2012. The records do not include any PR-2 to show the patient's current diagnoses, current subjective complaints and a current physical examination. However, the Qualified Medical Examination by [REDACTED], dated 02/23/2014 listed the following diagnoses: Lumbar disk disease and Lumbar sprain. According to this QME, the patient complains of moderate constant burning, aching pain worsening with activity at a rate of 6/10. The patient reports low back pain and states that she can stand/walk for 25 to 30 minutes before she needs to sit or lie down. She currently takes ibuprofen, trazodone, and Flexeril. The physical exam shows the patient is well developed and well nourished. She ambulates with a left limp. Facet joint tenderness is noted on the bilateral L3-S1 joint. There is moderate tenderness with palpation of the paraspinal muscles at L3-L5 on the left and right. Motor strength is within normal limits. Sensory exam shows decreased sensation on the left L5 and S1. The utilization review denied the request on 02/06/2014. The patient is a 37 year old female with an injury date of 10/08/12. Based on the 10/24/13 progress report provided by [REDACTED] the patient complains of low back pain which is rated as a 6/10. This pain radiates to the lower extremities with numbness and tingling. Her diagnoses include the following: Lumbar sprain/strain, Lumbar degenerative disc disease, Myofascial pain. [REDACTED] is requesting for an outpatient functional capacity examination (FCE). The utilization review determination being challenged is dated 02/06/14.

IMR ISSUES, DECISIONS AND RATIONALES

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

Outpatient functional capacity examination (FCE): Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Functional capacity evaluations (FCE).

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) Functional Capacity Evaluation. ACOEM guidelines has the following regarding functional capacity evaluations: Chapter 7(p137,139).

Decision rationale: This patient presents with low back pain. The treater is requesting an outpatient functional capacity examination. The ACOEM Guidelines on functional capacity evaluations, pages 137 to 139, states that there is little scientific evidence confirming that FCEs predict an individual's actual capacity to perform in the workplace; an FCE reflects what an individual can do on a single day, at a particular time, under controlled circumstances, that provide an indication of that individual's abilities. In addition, an individual's performance on an FCE is probably influenced by multiple nonmedical factors other than physical impairments. For this reason, it is problematic to rely solely upon the FCE results for determination of current work capability and restrictions. The treater's requesting report was not made available for review to verify the rationale behind the request. The QME notes that the patient has reached permanent and stationary status on 11/01/2013 It is not known why FCE is needed and the treater does not discuss a special need and the request is not generated by the administrator or the employer. Recommendation is for denial. According to the 10/24/13 report by [REDACTED], the patient presents with low back pain which radiates to the lower extremities with numbness and tingling. The request is for an outpatient functional capacity examination (FCE). The report with the request was not provided nor was there any indication of whether the patient was working or not. MTUS does not discuss functional capacity evaluations. The ACOEM chapter 7, was not adopted into MTUS, but would be the next highest-ranked standard according to LC4610.5(2)(B). The ACOEM does not appear to support the functional capacity evaluations and states: Functional capacity evaluations may establish physical abilities, and also facilitate the examinee/employer relationship for return to work. However, FCEs can be deliberately simplified evaluations based on multiple assumptions and subjective factors, which are not always apparent to their requesting physician. There is little scientific evidence confirming that FCEs predict an individual's actual capacity to perform in the workplace; an FCE reflects what an individual can do on a single day, at a particular time, under controlled circumstances, that provide an indication of that individual's abilities. As with any behavior, an individual's performance on an FCE is probably influenced by multiple nonmedical factors other than physical impairments. For these reasons, it is problematic to rely solely upon the FCE results for determination of current work capability and restrictions. FCE's are not a good measure determining a patient's ability to work. There is no explanation as to why this is being requested. Routine FCE's are not supported by the guidelines. The request is not medically necessary.