

Case Number:	CM14-0038543		
Date Assigned:	07/23/2014	Date of Injury:	01/21/2011
Decision Date:	08/27/2014	UR Denial Date:	03/07/2014
Priority:	Standard	Application Received:	04/01/2014

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 Occupational 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 claimant injured his low back on 01/21/11. A functional capacity evaluation is under review. He was terminated from his job on the date of injury. The claimant had an AME with [REDACTED] on 11/21/11. He complained of occasional headaches and intermittent low back pain with numbness radiating down the right anterior thigh. About 2 months before this visit he was lifting part of a bed and his back gave way. He developed pain in his right arm. He had been treated by a chiropractor. He reported occasional headaches and intermittent low back pain that was aggravated by his activities. He had a workers compensation claim for continuous trauma injury from 11/9/0 to 01/21/11 involving his low back, lower right extremity and sleep problems. He saw a chiropractor in May 2011 and was to start chiropractic care and he was totally disabled until 06/16/11. He did receive some acupuncture and had normal electrodiagnostic studies in May 2011. He was evaluated on 01/30/14 and still was symptomatic but he did not want surgery. He did not want oral pain medications. The injured worker's diagnoses include disc displacement without myelopathy, disc degeneration, radiculopathy, and spondylolisthesis. The provider indicated that the reason for the FCE was to determine permanent restrictions. He had an MRI on 06/02/11 and he was diagnosed with severe degenerative disc disease at multiple levels with mild anterolisthesis of L4 over L5. He had an avulsion fracture at the L3 spinous process and chronic lumbar myofascial strain. He reported 3 separate injuries. X-rays showed substantial abnormalities. There was severe collapse of the L4-5 disc space with large osteophytes and grade 1 spondylolisthesis. On 02/13/12, he saw [REDACTED] again. He had not received any definitive treatment but was seeing a chiropractor. He had difficulty with his activities. He did not require chiropractic treatment but should be referred to a spinal surgeon. He underwent several lumbar epidural steroid injections by [REDACTED] On 09/10/13, he saw [REDACTED] and had continued lumbar pain into the lower extremities with pain, paresthesia, and

numbness. He was diagnosed with lumbosacral radiculopathy. He had spasm, tenderness and guarding with loss of range of motion and decreased sensation in the L5 and S1 dermatomes bilaterally. He saw [REDACTED] on 09/11/13 and was responding well to the ESIs. A trial of Voltaren gel was provided. He was to continue his home exercises. On 10/08/13, [REDACTED] stated his pain had decreased by 60-70% with the injections. He did not need a return visit. On 11/06/13, [REDACTED] stated that his functional capacity status had improved significantly with the injections. He still had mild spasm and tenderness. On 01/30/14, he remained symptomatic but did not want surgery. He received topical medication. On 05/07/14, he saw [REDACTED] and still had intermittent low back pain radiating down the posterior right leg. He had not returned to work since January 2011. He had difficulty with sleep and felt depressed. He was using a back brace. He has significant loss of motion with tenderness. He had reached MMI.

IMR ISSUES, DECISIONS AND RATIONALES

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

Functional Capacity Evaluation for The Trunk And Lower Extremities: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Page(s): CHAPTER 7. Decision based on Non-MTUS Citation OFFICIAL DISABILITY GUIDELINES.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation OFFICIAL DISABILITY GUIDELINES (ODG), FITNESS FOR DUTY, FUNCTIONAL CAPACITY EVALUATIONS.

Decision rationale: The history and documentation do not objectively support the request for a Functional Capacity Evaluation. The MTUS do not address this type of evaluation but the ODG state FCE may be recommended prior to admission to a Work Hardening (WH) Program, with preference for assessments tailored to a specific task or job. It is not recommend as 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 generally. Both job-specific and comprehensive FCEs can be valuable tools in clinical decision-making for the injured worker; however, FCE is an extremely complex and multifaceted process. Little is known about the reliability and validity of these tests and more research is needed. Functional capacity evaluation (FCE), as an objective resource for disability managers, is an invaluable tool in the return to work process. There are controversial issues such as assessment of endurance and inconsistent or sub-maximum effort. Little to moderate correlation was observed between the self-report and the Isernhagen Work Systems Functional Capacity Evaluation (FCE) measures. Inconsistencies in subjects' performance across sessions were the greatest source of FCE measurement variability. Overall, however, test-retest reliability was good and inter-rater reliability was excellent. The FCE subtests of lifting were related to RTW and RTW level for people with work-related chronic symptoms. Grip force was not related to RTW. Scientific evidence on validity and reliability is limited so far. An FCE is time-consuming and cannot be recommended as a routine evaluation. Recent research: An RCT compared FCEs using a well-known protocol, the proprietary WorkWell FCE with functional interviews conducted by specially trained FCE clinicians (collecting self-report information only, but no measurements). Even though those who had an FCE were found to have higher work capacity than those who were interviewed, it made no difference to the outcome. RTW results

were the same whether the injured worker's capability had been assessed using a full two-day FCE, or a much shorter interview by an expert listener. The authors concluded that FCE does not appear to enhance outcomes (improved RTW rates or functional work levels at follow-up) when integrated into the process of occupational rehabilitation. Guidelines for performing an FCE: Recommended prior to admission to a Work Hardening (WH) Program, with preference for assessments tailored to a specific task or job. 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. The specific indication for this type of testing is unclear. The criteria listed above have not been met. There is no evidence that a work hardening program is under consideration and any evidence that the claimant has failed attempts at return to work. His occupational status is unknown though improvement in his condition was noted following treatment with epidural steroid injections. Therefore, medical necessity of this request has not been clearly demonstrated as the goals of this type of evaluation are not stated.