

Case Number:	CM14-0043314		
Date Assigned:	07/02/2014	Date of Injury:	03/08/2013
Decision Date:	08/20/2014	UR Denial Date:	03/20/2014
Priority:	Standard	Application Received:	04/10/2014

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 & Rehab 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 is a 31-year-old female who reported an injury on 03/18/2013. The mechanism of injury was not provided in the medical records. Her diagnoses include sprain/strain of lumbosacral, lumbago, sciatica, lumbar sprain/strain, lower extremity radiculopathy, L4-5 herniated disc, and displacement of the lumbar intervertebral disc without myelopathy. Her previous treatments included medications, physical therapy, and chiropractic care. In the clinical note dated 01/24/2014, the injured worker presented with low back pain, which she rated 2/10. She reported it was aggravated with prolonged standing or sitting. She reported that her last therapy was in 10/2013, and she had been performing her home exercises and taking over-the-counter anti-inflammatories as needed. On physical examination, the physician reported the injured worker had minimal difficulty rising from the seated position, and she was able to walk on her heels and toes. On examination of the lumbar spine, the physician reported painful flexion to 50 degrees and extension to 15 degrees. The physician reported the straight leg raise test produced buttock pain, but no significant radiculopathy. The physician's treatment plan included a recommendation for a Functional Capacity Evaluation to evaluate the patient for permanent restrictions. The physician also recommended ibuprofen 800 mg as needed. The current request is for Functional Capacity Evaluation (FCE) of the lumbar spine. The Request for Authorization was provided on 02/26/2014.

IMR ISSUES, DECISIONS AND RATIONALES

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

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

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Functional information measures.

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 evaluation (FCE).

Decision rationale: The current request for Functional Capacity Evaluation (FCE) of the lumbar spine is not medically necessary. The Official Disability Guidelines state Functional Capacity Evaluations are recommended prior to admission to a Work Hardening Program, with preference for assessment tailored to specified task or job. They are not recommended for routine use as part of an occupational rehab or screening. The criteria for a Functional Capacity Evaluation includes prior unsuccessful return to work attempts, conflicting medical reporting on precautions and/or fitness for modified job, and injuries that require detailed exploration of a worker's ability. The clinical documentation provided indicated the injured worker had continued to complain of low back pain and she had attended therapy approximately 9 months ago. However, the physician indicated the Functional Capacity Evaluation was being ordered to evaluate the patient for possible permanent restrictions. However, there was no documentation submitted to indicate the injured worker's required job duties and clear evidence of significant functional deficits to warrant the request. As such, the request for Functional Capacity Evaluation (FCE) of the lumbar spine is not medically necessary.