

Case Number:	CM14-0046178		
Date Assigned:	07/02/2014	Date of Injury:	08/10/2011
Decision Date:	11/26/2014	UR Denial Date:	03/28/2014
Priority:	Standard	Application Received:	04/14/2014

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:

There were 61 pages provided for this review. The date of injury was August 10, 2011. The patient continued with pain and discomfort to the lower back. He has had some conservative care in the past with little relief. Surgical history was not provided. A CT of the lumbar spine from 2011 had no report from the physician or official report noted in the documentation. The likewise was true for CT of the sacrum. Per the records provided, the patient is a 66-year-old female with a diagnosis of a lumbar strain sprain, lumbago, thoracic lumbosacral neuritis/radiculitis, depressive disorder and anxiety. Many of the office notes were illegible. As of March 19, 2014 the patient was in no distress and exhibits difficulty with rising from a sitting position. The gait is within normal limits. The doctor states that the patient is compliant with medicine as prescribed. The medicine helps with pain. There was a request for a functional capacity evaluation which was not approved. The mechanism of injury was not provided. The medicines prescribed included Norco. Surgical history was not provided. There were no CT reports provided. Other therapies had not been provided. At the time of this review, the most recent physician note was from March 19. It was illegible. The functional change since the last examination was noted by the physician as no change. There was no subjective report from the patient in regards to issues they were having coming into the appointment. It showed the patient presents in no distress. Much of the documentation was illegible.

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, Treatment Index, 11th edition (web), 2013, Fit For Duty/ Functional Capacity Evaluation

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 48. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Back, under FCE

Decision rationale: Chronic Pain Medical Treatment guidelines, page 48 note that a functional capacity evaluation (FCE) should be considered when necessary to translate medical impairment into functional limitations and determine return to work capacity. There is no evidence that this is the plan in this case. The MTUS also notes that such studies can be done to further assess current work capability. But, 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. Little is known about the reliability and validity of these tests and more research is needed. The ODG notes that several criteria be met. I did not, in this case, find prior unsuccessful return to work attempts, or the cases' relation to being near a Maximal Medical Improvement declaration. Initial or baseline FCEs are not mentioned, as the guides only speak of them as being appropriate at the end of care. The case did not meet this timing criterion. For these reasons, this request is not medically necessary.