

Case Number:	CM14-0052110		
Date Assigned:	07/07/2014	Date of Injury:	08/01/2012
Decision Date:	08/29/2014	UR Denial Date:	04/09/2014
Priority:	Standard	Application Received:	04/18/2014

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 Family 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:

This 40 year old male reported an industrial injury on 8/1/2012 to the neck and back attributed to the performance of his customary job tasks. The patient has been treated with medications, physical therapy, and acupuncture. The patient is dispensed Cyclobenzaprine 7.5 mg; Diclofenac XR; Tramadol ER 150 mg; and Omeprazole 20 mg. The patient reportedly complained of low back pain with shooting pain to the arms and back. The objective findings on examination included tender to palpitation (TTP) over the paralumbar muscles with muscle guarding; strength 5/5; able to walk on toes and heels; reported restriction to lumbar spine range of motion (ROM); straight leg raise (SLR) positive; reported diminished sensation to the L4, L5, and S1 dermatomes; normal hip ROM; TTP over the greater trochanteric bursa. The diagnosis was chronic low back pain; lumbar spine degenerative disc disease (DDD); lumbar herniated nucleus pulposus (HNP); radiculitis to the bilateral lower extremities at L4, L5, and S1; greater trochanteric bursitis. The treatment plan included the request for a functional capacity evaluation. The patient is reported to be temporary total disability (TTD).

IMR ISSUES, DECISIONS AND RATIONALES

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

Functional Capacity evaluation one time a week for 1 week: Upheld

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

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 132-139; 137-138, Official Disability Guidelines (ODG) Fitness for Duty Chapter Functional Capacity Evaluation.

Decision rationale: The request for a FCE for the diagnosis of lumbar spine DDD was not supported with objective evidence to demonstrate medical necessity for the treatment of this industrial injury. The Official Disability Guidelines recommends that the FCE is ordered routinely. There are no complex issues identified such as prior unsuccessful attempt so return to work or conflicting reports for fitness to perform work. The objective findings on examination did not support the medical necessity of a FCE to establish work restrictions. There is no medical necessity for the requested functional capacity evaluation prior to evaluating whether or not the employer is able to accommodate the provided work restrictions. The Functional Capacity Evaluation (FCE) is not demonstrated to be medically necessary and has not been requested by the employer. The FCE is requested for chronic back pain with no changes on the current documented objective findings on examination. The FCE was not demonstrated to be medically necessary for the evaluation and treatment of the patient over two year after the cited DOI. The patient can be cleared without the medical necessity of an FCE based on the results of the documented physical examination. The objective findings on examination indicate that the patient would be able to perform the documented job requirements. There is no demonstrated medical necessity for the FCE to establish a clearance. The request for authorization was made to establish a baseline which was adequately provided with the documented physical examination. There are to recommendations by evidence based guidelines to perform a FCE to establish a baseline for the treatment of the patient for the cited industrial injury that is related to a lower back diagnoses. There is no objective subjective/objective evidence provided to support the medical necessity of the requested functional capacity evaluation for the effects of the reported industrial injury or whether or not the ability to perform the patient's job description is affected. There is no indication that the FCE is required to establish the patient current status to perform modified work presently offered by the employer. There is no request from the employer to perform a FCE. There is no indication that the employer cannot accommodate the specified work restrictions due to the effects of the industrial injury to the low back. There is no demonstrated medical necessity for the FCE for the diagnosed back issues. The request for the FCE was not supported with objective medically based evidence to establish the medical necessity of a FCE for this patient and was request only to establish a baseline. There is no demonstrated medical necessity for the requested FCE and the request is not supported with objective medically based evidence.