

Case Number:	CM14-0054254		
Date Assigned:	07/07/2014	Date of Injury:	08/20/2012
Decision Date:	08/15/2014	UR Denial Date:	04/10/2014
Priority:	Standard	Application Received:	04/23/2014

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 and is licensed to practice in Illinois. 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 34-year-old male who reported an injury on 08/20/2012 of an unspecified mechanism injury. The injured worker had a history of upper back pain, bilateral arm pain extending to the fingers, along with lower back pain he noted with some numbness and tingling down the bilateral calves. The diagnoses included a lumbar radiculopathy, cervical radiculopathy, chronic pain, an annular tear at the L4-5, and the L5-S1. The MRI of the lumbar spine dated 09/20/2013 revealed a disc protrusion at the thecal sac. The MRI of the cervical spine dated 09/20/2013 revealed a central focal disc protrusion to the C3-4. Past treatments included medication and acupuncture. The injured worker reported pain to the neck a 4/10 and lower back pain a 6/10 using the VAS. Per the clinical note dated 01/27/2014, the objective findings of the cervical spine revealed a flexion of 60 degrees, extension of 20 degrees, and rotation of 40 degrees. The examination of the lumbar a flexion of 40 degrees, extension of 10 degrees, and rotation of 40 degrees. The injured worker was noted with spasms to the bilateral paraspinal muscle at the L4-S1 levels and tenderness bilaterally to the lumbar spine at the L4-S1 levels. The motor exam showed decreased strength at the flexor muscle to the right lower extremity, and sensory exam revealed decreased touch at the right lower extremity, along the L4-S1 dermatome. The treatment plan includes physical therapy, lumbar epidural steroid injection, and a Functional Capacity Evaluation. No medications were provided in the file. The Request for Authorization dated 03/31/2014 was submitted within the documentation. No rationale was given for the Functional Capacity Evaluation.

IMR ISSUES, DECISIONS AND RATIONALES

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

Functional capacity evaluation (FCE): Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation ACOEM Occupational Medicine Practice Guidelines, 2nd Edition, 2004 Page 127 Referrals or Consultations, and ACOEM, 2ND Edition, Chapter 7 Independent Medical Examinations and Consultations (pages: 132-139).

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Fit for Duty, Functional Capacity Evaluation.

Decision rationale: The Official Disability Guidelines state that "a functional capacity evaluation is recommended prior to admission of a work hardening program, with reference for assessments tailored to specific task or job ". It also states "if a worker is actively participating in determining the suitability of a particular job, the functional capacity evaluation is more likely to be successful." A functional capacity evaluation is not effective when the referral is less collaborative and more directive. Per the Official Disability Guidelines, to consider a functional capacity evaluation would be prior unsuccessful return to work attempts, conflicting medical reporting on precautions and/or fitness for modified job. There is lack of evidence provided on 03/31/2014 as to why the injured worker needs a functional capacity evaluation. The clinical notes dated 03/31/2014 also indicate that the injured worker returned to work with modified duties. In addition, there was no documentation provided that the injured worker had conservative care such as, physical therapy, functional limitations or failed medication treatment. Given the above, the request for a functional capacity evaluation on the injured worker is not medically necessary.