

Case Number:	CM14-0065976		
Date Assigned:	07/11/2014	Date of Injury:	07/17/2012
Decision Date:	09/16/2014	UR Denial Date:	04/25/2014
Priority:	Standard	Application Received:	05/09/2014

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 Preventive Medicine, has a subspecialty in Occupational Medicine and is licensed to practice in Texas. 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 35 year old female who was injured at work on 07/17/2012. The injury is believed to be due to repetitive trauma. She complains of upper back and lower back pain which is described as constant in the upper back, but intermittent in the lower back. The pain is sharp, but occasionally tingly. It is associated with numbness in her upper limbs, numbness and weakness in her left lower limb. In addition, she has occasional pain in her left knee. She has gained weight since the injury; and she has not worked since 10/2013. On examination, she was found to have restricted lumbar range of motion, together with tenderness and spasms, otherwise the rest of the examination was unremarkable. She had an unremarkable nerve studies in 04/2014, but her MRI of the lumbar region showed disc bulge. She was had back surgery in 11/20/2013, but this was complicated by severe back infection. She had physical therapy after the surgery. Earlier before the surgery, she had chiropractic care. She has had Qualified Medical Evaluation, she has been seen by a psychiatrist for depression and Anxiety resulting from her injury. Also, she is following with an Internist for other medical problems. Her diagnosis include lumbar strain/sprain, lumbar intervertebral disc displacement without myelopathy, lumbosacral radiculopathy, lumbar segmental dysfunction, sprain/strain thorax, thoracic segment dysfunction, sprain/strain knee, internal derangement of the knee. In dispute is the request for 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: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Page(s): 137-138. Decision based on Non-MTUS Citation Official Disability Guidelines (2008): Fitness for Duty Chapter: Functional Capacity Evaluations (FCE).

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Cornerstone of Disability Prevention and Management Page(s): 79-80. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) FITNESS FOR DUTY , Insert Topic (Functional Capacity Evaluation).

Decision rationale: The MTUS recommends communicating with the employer or knowledge of the injured workers job description in order to tailor the Functional Capacity evaluation to fit the job. There is no indication such communication or information is available. The Official Disability Guidelines recommends Functional Capacity Evaluation in cases surrounded by complex issues like: 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. Furthermore, the ODG recommends against FCE if the sole purpose is to determine a worker's effort or compliance or the worker has returned to work and an ergonomic assessment has not been arranged. In this case, the records reviewed do not document previous unsuccessful attempts at return to work, any collaboration with the employer, conflict in reporting or fitness for duty attempts. Therefore, there is no medical necessity for Functional Capacity Evaluation in this case.