MAXIMUS Federal Services

Case Number:	CM14-0069375		
Date Assigned:	07/16/2014	Date of Injury:	08/14/2013
Decision Date:	09/11/2014	UR Denial Date:	04/23/2014
Priority:	Standard	Application Received:	05/14/2014

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 Physical Medicine and Rehabilitation 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 patient is a 37-year-old left-hand dominant male who sustained work-related injuries on August 14, 2013. Medical records dated May 19, 2014 indicate that he presented complaints of neck and lower back pain with radiculopathy in the upper and lower extremities mainly on the right with sensation of numbness, tingling, and weakness. Cervical spine findings indicate spasm and tenderness over the paravertebral musculature, upper trapezium, and interscapular area. Range of motion was not measured. Sensation was decreased at the right C6 dermatome distribution. Lumbar spine examination noted tenderness and spasm over the paravertebral musculature. Tenderness was also noted in the sciatic notch area bilaterally. He performed heel-toe walk and squats with back pain. Range of motion was not measured but spasm and pain were noted. Sensation was decreased in the L5 dermatome. Magnetic resonance imaging scan of lumbar spine revealed four-millimeter right foraminal disc protrusion along with a three-millimeter disc bulge causing bilateral lateral recess narrowing and mild right foraminal stenosis at the L4-L5 level. Magnetic resonance imaging scan of the cervical spine revealed two-millimeter disc bulge at C2-C3, C3-C4, C4-C5 and C5-C6 level. Electrodiagnostic testing studies of the bilateral upper and lower extremities revealed normal findings. Treatments include 12 physical therapy sessions. He is diagnosed with cervical spine radiculopathy and lumbar spine radiculopathy.

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 Guidlines, Fitness for duty.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Functional restoration programs (FRPs). Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Fitness for Duty, Functional capacity evaluation (FCE).

Decision rationale: According to the criteria provided by evidence-based guidelines, a functional capacity evaluation can be considered if (a) case management is hampered by complex issues such as prior unsuccessful return-to-work attempts, conflicting medical reporting on precautions and/or fitness for modified job, or injuries that require detailed exploration of a worker's abilities; (b) timing is appropriate: close or at maximum medical improvement /all key medical reports secured, additional/secondary conditions clarified. Guidelines also indicate not to proceed with a functional capacity evaluation if the sole purpose is to determine a worker's effort or compliance and the worker has returned to work and an ergonomic assessment has not been arranged. In this case, the injured worker is documented to be still at full time work without any job restrictions and can self-regulate his work. More so, there is no indication of any specific complex issues, and he is not near or at maximum medical improvement. In addition, guidelines indicate that functional capacity evaluation is an extremely complex and multifaceted process but little is known about the reliability and validity of these tests and more research is needed. Therefore, it can be concluded that the injured worker does not satisfy the criteria for functional capacity and the treatment itself is, as to date, not considered as a reliable and valid test, therefore, the medical necessity of the requested functional capacity evaluation is not established. The request is not medically necessary.