Case Number:	CM14-0069732		
Date Assigned:	07/14/2014	Date of Injury:	07/03/2013
Decision Date:	09/16/2014	UR Denial Date:	05/01/2014
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 Anesthesiology, has a subspecialty in Pain Management 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 is a 52 year old male with a 07/03/2013 date of injury. A specific mechanism of injury was not described. 5/1/14 determination was non-certified given no indication of unsuccessful attempts to return to work, conflicting opinions regarding work restrictions or fitness for duty, other injuries that complicate the evaluation or functional abilities, or the patient is close to maximum medical improvement (MMI). 4/16/14 medical report identified frequent moderate pain at the hips, frequent severe pain at the thoracic spine, frequent moderate pain at the lumbar spine with numbness, and frequent moderate cervical spine pain. Exam revealed 2+ spasms and tenderness to the bilateral paraspinals muscles from C4 to C7, bilateral suboccipital muscles, and bilateral upper shoulder muscles. There were positive axial compression and distraction tests, and shoulder depression test was also positive. The left triceps reflex was decreased. There was 3+ spasm and tenderness to the bilateral paraspinals muscles from T4 to T9. Lumbar spine revealed 3+ spasm and tenderness to the bilateral lumbar paraspinals muscles from L2 to S1 and multifidus. There was positive SLR bilaterally, Yoman's, and Braggard's. The L5 dermatome was decreased on the left to light touch. The S1dermatome was decreased on the left to light touch. Diagnoses include closed fracture of L1 vertebral body, cervical disc herniation with myelopathy, lumbar disc displacement with myelopathy, lesion of sciatic nerve, thoracic disc displacement without myelopathy.

IMR ISSUES, DECISIONS AND RATIONALES

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

Qualified Functional Capacity Evaluation: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Page(s): 506-512.

MAXIMUS guideline: The Expert Reviewer based his/her decision on the Non-MTUS Citation: Independent Medical Examinations and Consultations (ACOEM Practice Guidelines, 2nd Edition (2004), Chapter 7) and on the Official Disability Guidelines (ODG).

Decision rationale: The ACOEM Guidelines states that the treating or evaluating physician may order a FCE, if the physician feels the information from such testing is crucial. In addition, the ODG states that an FCE should be considered when case management is hampered by complex issues (prior unsuccessful return to work attempts, conflicting medical reporting on precautions and/or fitness for modified job), injuries that require detailed exploration of a worker's abilities, timing is appropriate (Close to or at MMI/all key medical reports secured), and additional/secondary conditions have been clarified. The patient has complaints in multiple body parts with findings of impairment on examination. However, the records do not identify any of the above cited criteria for the necessity of a functional capacity evaluation. There was no indication that performing such testing was crucial for the future treatment plan of the patient. The medical necessity was not substantiated. As such, the request is not medically necessary and appropriate.