MAXIMUS Federal Services

Case Number:	CM14-0069943		
Date Assigned:	07/14/2014	Date of Injury:	06/18/2004
Decision Date:	09/15/2014	UR Denial Date:	04/25/2014
Priority:	Standard	Application Received:	05/15/2014

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 injured worker is a 62-year-old male who suffered cumulative industrial injuries to his low back from May 2001 through June 19, 2004 while performing his customary duties as a machine operator for [redacted]. He has a medical history of chemical exposure in his workplace and a surgical history of bilateral inguinal herniorrhaphy surgery performed in September 2001. He returned to work with restrictions until he could no longer tolerate working with his pain. He eventually resigned in November 2004. During this period, he was provided medications (opioids, muscle relaxants) and physical therapy to manage his low back pain conservatively. The injured worker underwent lumbar arthrodesis at the L5-S1 level on June 1, 2005 at [redacted]. He reported relief from surgery and post-operative physical therapy provided following surgery. However, the injured worker did not receive sustained pain relief despite surgery, epidural steroid injections, and subsequent physical therapy courses which were provided until June 2009. Since this period, the injured worker remained significantly symptomatic. On March 6, 2012, the injured worker underwent surgery for removal of hardware at L5-S1. Lumbar spine magnetic resonance imaging scan from June 17, 2014 demonstrated evidence of hardware removal with some compromise of the left neural foramina at the L5-S1 level. No other significant nerve compromise or disc disease was noted. As per treating physician, spinal cord stimulator trial was necessary to address the injured worker's lumbar spine pain and reduce disability. Other than his orthopedic injuries, review of the extensive medical records indicate that the injured worker is also diagnosed with bronchial asthma, diabetes mellitus, gastritis and gastro esophageal reflux, erectile dysfunction, and insomnia. He has been declared permanent and stationary as of April 7, 2014 with a whole body impairment rating of 64%. The injured worker has recently been cleared from an internal medicine and psychiatric standpoint to undergo lumbar spine stimulator placement. Treating

physician submitted a request for functional capacity evaluation dated April 15, 2014 in order to address the injured worker's physical abilities to work to provide him with permanent work restrictions and expedite return to work status. On June 11, 2014, the injured worker underwent percutaneous implantation of spinal cord stimulation trial leads with complex programming and tolerated the procedure without complications. Recent progress note dated June 17, 2014 notes the injured worker did not report much improvement with his neuromodulation unit despite different programs that have been provided to him. He continues to report significant back pain with lower extremity numbness, tingling, and weakness. He continues to utilize a cane for ambulation and Norco 5 mg for pain control. Relevant examination findings notes antalgic gait and signs of infection as noted at the site of insertion. Prolene sutures were cut and both leads were removed without difficulty. The injured worker remains off work and is currently on temporary total disability. He has not worked since his resignation in November 2004.

IMR ISSUES, DECISIONS AND RATIONALES

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

One Functional Capacity Evaluation: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

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

Decision rationale: The Chronic Pain Medical Treatment Guidelines note that a functional capacity evaluation should be considered when necessary to translate medical impairment into functional limitations and determine work capacity. The Official Disability Guidelines indicates that functional capacity evaluation is an objective resource for disability managers and is an invaluable tool in the return-to-work process. The functional capacity evaluation is considered when there is prior unsuccessful return to work attempts, conflicting medical reporting on precautions and/or fitness for the modified job, and injuries that require detailed exploration of the worker's abilities. In this injured worker's case, the medical records received do no document conflicting medical reporting precautions and/or fitness for modified duties or that the employee is in the process of returning to work. It should be noted that the injured worker remains off work and on temporary total disability. It is also not clearly stated whether the injured worker has a job to return to or that the injured worker intends to return to work at any point in the near future. Additionally, there is no evidence of prior unsuccessful return to work trials that might make a case for functional capacity evaluation testing. Therefore, it can be concluded that the medical necessity of the requested one functional capacity evaluation is not medically necessary at this time.