

Case Number:	CM14-0071020		
Date Assigned:	07/14/2014	Date of Injury:	11/03/2011
Decision Date:	08/13/2014	UR Denial Date:	04/17/2014
Priority:	Standard	Application Received:	05/16/2014

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 & Rehabilitation, has a subspecialty in Interventional Spine 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 56-year-old male with a date of injury of 01/03/2011. The listed diagnoses per [REDACTED] are: 1. Low back pain radiating to left leg. 2. Neck pain. 3. Cervical spine stenosis. 4. Lumbar degenerative disc disease (DDD). 5. Chronic pain syndrome. According to progress report 04/04/2014, the patient continues with neck and low back pain. He also continues to have left hip pain. The patient showed concern of his current memory loss. He feels that he is progressively getting worse since his accident. The patient had an MRI on 06/01/2013, which showed chronic hydrocephalus with prominent dilation of 3rd and lateral ventricles. The patient's medication regimen includes Exalgo and Norco 10/325 mg. The patient rates his pain 4/10 with medication and 5/10 without medication. An examination revealed cervical and lumbar spine range of motion restrictions and paraspinal tenderness. The treater is requesting a functional capacity evaluation. Utilization review denied the request on 04/17/2014.

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 American College of Occupational and Environmental Medicine (ACOEM), 2nd Edition, (2004), Chapter 7, page 137 and 139.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation ACOEM Occupational Medicine Practice Guidelines, 2nd Edition, 2004, Chapter 7, page 137-138.

Decision rationale: This patient presents with chronic neck and back pain. The patient also has concerns of his forgetfulness and loss of memory since his injury. The treater is requesting a functional capacity evaluation. The utilization review denied the request stating, "There is no available documentation to establish the medical necessity for this diagnostic exam." The ACOEM Guidelines do not support routine use of functional capacity evaluation. It states that the examiner is responsible for determining whether the impairment results in functional limitation. There is little evidence that functional capacity evaluations (FCEs) can predict an individual's actual capacity to perform in the workplace. FCEs are reserved for special circumstances when the employer or adjuster requests for it. FCEs are indicated if there is a specific or special need, and when it is requested by the claims adjuster or the employer. The treater appears to be asking for FCE for a routine evaluation, which is not supported by the ACOEM. The request is not medically necessary.