

Case Number:	CM14-0079355		
Date Assigned:	07/18/2014	Date of Injury:	01/20/2009
Decision Date:	09/29/2014	UR Denial Date:	05/20/2014
Priority:	Standard	Application Received:	05/29/2014

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 Occupational Medicine 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 67 year old male who was injured on 01/20/2009. A progress report dated 12/11/2013 states the patient complained of low back pain rated as 7/10. On exam, he had full range of motion of the lumbar spine with tenderness to palpation over the paraspinal muscles of the lumbar spine. He has pain with motion and negative straight leg raise. He is diagnosed with lumbar spine herniated nucleus purposes without myelopathy. On note dated 04/10/2014, the patient presented with no change in symptoms. On exam, he has pain with cervical spine range of motion and spasm. Bilateral straight leg raise is negative. He was recommended for pain management evaluation/Ortho referral. Prior utilization review dated 05/20/2014 states the request for Functional Capacity Evaluation is denied as medical necessity has not been indicated.

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 Guidelines, Fitness for duty Chapter, Online version: (FCE).

MAXIMUS guideline: Decision based on MTUS ACOEM. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Functional Capacity Evaluation.

Decision rationale: According to MTUS guidelines, there is little evidence to show that Functional Capacity Evaluations (FCE's) predict an individual's ability to perform in the work place. Routine use is not recommended. They may be recommended prior to a Work Hardening program. According to ODG guidelines, Functional Capacity Evaluations may be considered if case management is hampered by complex issues such as prior unsuccessful return to work attempts, conflicting reporting regarding work restrictions, or injuries that require detailed exploration of a worker's abilities. Also, timing should be appropriate such that a patient is close or at maximal medical improvement, and secondary conditions have been clarified. An FCE should not be done if the sole purpose is to determine a worker's effort or compliance or if the worker has returned to work and an ergonomic assessment has not been arranged. In this case a request for FCE is made for a 67-year-old male injured on 1/20/09 with chronic low back pain. However, no specific rationale is provided for this request. There is no discussion of participation in a Work Hardening Program or discussion of complex issues as described above. The patient does not appear to be close to or at MMI according to provided records. Therefore the request is not medically necessary.