

Case Number:	CM14-0079410		
Date Assigned:	07/21/2014	Date of Injury:	08/01/2012
Decision Date:	11/26/2014	UR Denial Date:	05/13/2014
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:

There were 87 pages provided for this review. There was an injury from August 1, 2012. Per the records provided from March 14, 2014, the patient had posttraumatic stress disorder from childhood abuse, lumbar radicular pain and cervical radicular pain. The lumbar pain was six out of 10 and it was sharp and stepping. He is 39 years old. There was a request for functional capacity evaluation. As of the primary treating physician's progress report from April 25, 2014, the patient complained of moderate to severe pain in the neck and the back. The patient was starting to have visual disturbances as well as focusing problems. There was pain in both hips especially with getting in and out of a car. On lumbar and thoracic spine exam, the claimant was positive tenderness to palpation in the para lumbar muscles. There was also positive muscle spasm in the para lumbar musculature. The deep tendon reflexes appeared to be 2 plus and equal throughout. The range of motion of the lumbar spine on forward flexion was 30, extension was 10, lateral tilt was 30 bilaterally. There was a positive straight leg raise, and diminished sensation of L4, L5 and S1 nerve root distributions. There were hip range of motion deficits. The patient was diagnosed with chronic intractable lower back pain, degenerative disc disease of the lumbar spine, and other findings. The medicines included cyclobenzaprine, diclofenac, omeprazole, and ondansetron and tramadol.

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 48. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Back, under FCE

Decision rationale: Chronic Pain Medical Treatment guidelines, page 48 note that a functional capacity evaluation (FCE) should be considered when necessary to translate medical impairment into functional limitations and determine return to work capacity. There is no evidence that this is the plan in this case; it was being used to aid in an impairment examination only. The MTUS also notes that such studies can be done to further assess current work capability. But, there is little scientific evidence confirming that FCEs predict an individual's actual capacity to perform in the workplace; an FCE reflects what an individual can do on a single day, at a particular time, under controlled circumstances, that provide an indication of that individual's abilities. Little is known about the reliability and validity of these tests and more research is needed. The ODG notes that several criteria be met. I did in this case find prior unsuccessful return to work attempts, or the cases' relation to being near a Maximal Medical Improvement declaration. Initial or baseline FCEs are not mentioned, as the guides only speak of them as being appropriate at the end of care. The case likewise did not meet this timing criterion. For these reasons, this request was appropriately non-certified.