

Case Number:	CM14-0084461		
Date Assigned:	07/21/2014	Date of Injury:	11/05/2009
Decision Date:	08/28/2014	UR Denial Date:	05/12/2014
Priority:	Standard	Application Received:	06/06/2014

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, has a subspecialty in Neuromuscular Medicine and is licensed to practice in Maryland. 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 51 year old female with a work injury dated 11/5/09. The diagnoses include myofascial spasm, headaches, anxiety, cervical and lumbar disc disease, cervical and lumbar radiculitis, rotator cuff syndrome. Under consideration is a request for a functional capacity evaluation for the lumbar spine. Per documentation an office visit with an orthopedic surgeon dated 01/28/2014 stated the patient had decreased thoracolumbar range of motion in flexion and extension. The patient had tenderness over the L5-S1 areas on the right. The documenting physician noted that the low back had likely reached maximal medical improvement. A Primary Treating Physician's Progress Report dated 04/30/2014 noted the patient had myospasm, loss of range of motion, and pain to the lumbar spine. The document stated that the patient's progression was slower than expected. The documentation indicates that the patient has trouble with activities of daily living, travel, sleep, communication. There is a 4/2/14 document that states that the patient should follow up with the orthopedic doctor for the recommended shoulder surgery. There is also a recommendation for a right S1 denervation as the patient got relief from a sacroiliac joint block.

IMR ISSUES, DECISIONS AND RATIONALES

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

Functional Capacity Evaluation for the Lumbar Spine: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 5 Cornerstones of Disability Prevention and Management Page(s): 77-89. Decision based on Non-MTUS Citation Official Disability Guidelines, Treatment Index, 11th Edition (web), 2013, Fitness for duty, Functional capacity evaluation (FCE).

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 5 Cornerstones of Disability Prevention and Management Page(s): 81. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Fitness for Duty- Functional Capacity Evaluation.

Decision rationale: Functional Capacity Evaluation for the Lumbar Spine is not medically necessary per the MTUS ACOEM and the ODG Guidelines the ACOEM guidelines state that in many cases, physicians can listen to the patient's history, ask questions about activities, and then extrapolate, based on knowledge of the patient and experience with other patients with similar conditions. The ODG states that an FCE can be considered if case management is hampered by complex issues. The ODG states that it is not appropriate to perform an FCE (Functional Capacity Evaluation) if the worker has returned to work and an ergonomic assessment has not been arranged. The documentation does not indicate complex case management issues. The ODG states that it is not appropriate to perform an FCE if the sole purpose is to determine a worker's effort or compliance. There is no documentation of prior unsuccessful return to work attempts or conflicting medical reporting on precautions and/or fitness for modified job. It is not clear that the patient is reaching MMI (Maximum Medical Improvement). For all of the aforementioned reasons, the request for a functional capacity evaluation of the lumbar spine is not medically necessary.