MAXIMUS Federal Services

Case Number:	CM14-0099582		
Date Assigned:	07/28/2014	Date of Injury:	12/27/2011
Decision Date:	08/29/2014	UR Denial Date:	06/10/2014
Priority:	Standard	Application Received:	06/28/2014

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 47-year-old female who has submitted a claim for lumbar degenerative disc disease, lumbosacral or thoracic neuritis, lumbar sprain/strain, myofascial pain associated from an industrial injury date of December 27, 2011. The medical records from 2011-2014 were reviewed, the latest of which dated June 28, 2014 revealed that the patient complains of low back pain. She states that medications and TENS treatment help with pain. On physical examination, there is tenderness and limitation in range of motion of the lumbar spine. Treatment to date has included lumbar epidural steroid injections, TENS, sacroiliac joint injections, activity modification, acupuncture, physical therapy, chiropractic treatment, home exercise program, and medications, which include Ultram, cyclobenzaprine, Tylenol and LidoPro cream. In a utilization review from June 10, 2014 denied the request for Functional Capacity Evaluation because the patient was not suited to return to custodial/janitorial work, and there was no discussion of a specific anticipated job.

IMR ISSUES, DECISIONS AND RATIONALES

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

Functionall Capcity Evaluation: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation ACOEM Guidelines ; Functional Capcity EvaluationsOfficial Disability Guidelines ; Functional Capcity Evaluations.

MAXIMUS guideline: The Expert Reviewer 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 Independent Medical Examinations and Consultations, pages 132-139; Official Disability Guidelines (ODG), Fitness for Duty Chapter, FCE.

Decision rationale: As stated on pages 132-139 of the ACOEM Guidelines referenced by CA MTUS, there is little scientific evidence confirming that functional capacity evaluation (FCE) 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. In addition, ODG states that an FCE should be considered when case management is hampered by complex issues (prior unsuccessful RTW attempts, conflicting medical reporting on precautions and/or fitness for modified job), injuries that require detailed exploration of a worker's abilities, timing is appropriate (close to or at MMI/all key medical reports secured), and additional/secondary conditions have been clarified. In this case, the patient was not able to return to work since 2012. However, there was no documentation concerning unsuccessful return to work attempts and factors that hampered it if with such. A functional capacity evaluation dated June 8, 2014 revealed that the patient does not appear to qualify for the reported medium work demands of a janitor in a full duty capacity, but she does appear to qualify for the light work physical demands. The most recent clinical evaluation revealed no new injury or worsening/improvement of symptoms. A second functional capacity evaluation is not warranted. Therefore, the request for Functional Capacity Evaluation is not medically necessary.