

Case Number:	CM13-0033771		
Date Assigned:	12/06/2013	Date of Injury:	10/04/2012
Decision Date:	12/11/2015	UR Denial Date:	09/10/2013
Priority:	Standard	Application Received:	10/10/2013

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. 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/Service. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

The Expert Reviewer has the following credentials:

State(s) of Licensure: Texas, Illinois, Indiana

Certification(s)/Specialty: Physical Medicine & Rehabilitation, Pediatric Rehabilitation Medicine

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 40-year-old female who reported an injury on 10/04/2012. The mechanism of injury was lifting. The patient has received conservative treatment to include medication, rest, and an unknown duration of physical therapy. The most recent clinical note dated 12/05/2013 revealed that the patient had negative straight leg raise, intact motor strength, and intact sensation with the exception of the right L4-5 distribution. Reflexes were symmetrical and intact, lumbar flexion was 70 degrees, extension was 25 degrees, and lateral bending was 30 degrees bilaterally. The patient is noted to have degenerative disc disease and was noted to be permanent and stationary on this date. There were no medications or pain levels provided for review.

IMR ISSUES, DECISIONS AND RATIONALES

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

Outpatient Functional Capacity Evaluation for axial low back pain and underlying disc degeneration: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 5 Cornerstones of Disability Prevention and Management Page(s): 89-92. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Fitness for Duty, Functional Capacity Evaluations.

Decision rationale: California MTUS/ACOEM Guidelines state a Functional Capacity Examination is an assessment tool to evaluate functional ability. However, there were no indications as to when it should be implemented. Therefore, the Official Disability Guidelines were supplemented. Official Disability Guidelines state Functional Capacity Evaluations may be implanted when prior unsuccessful return to work attempts have been made, there is conflicting medical reports on precautions or fitness for a modified job, or there are injuries that require detailed exploration of a worker's abilities. Timing must also be appropriate and the patient must be close, or at, maximum medical improvement with all secondary conditions clarified. Guidelines state that one should not proceed with an FCE 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. The clinical information submitted for review did not provide evidence that the patient attempted to return to work and failed. In fact, a clinical note dated 07/05/2013 reported anticipation of returning to work at regular duty in 09/2013. Subsequent notes dated 08/02/2013 and 09/03/2013 did not provide any evidence that the patient had a change in symptoms; however, it was noted that the patient was not working and that work hardening and/or an FCE was requested. There was no discussion as to why the patient failed to return to work at regular duty as anticipated, nor was there discussion of any return to work attempts that had been unsuccessful. The clinical note dated 11/01/2013 revealed the patient was, in fact, on modified duty and did not provide any evidence that she was having difficulties performing the modified work. Without evidence that the patient has failed return to work attempts, there is no need for a Functional Capacity Evaluation. As such, the request for outpatient Functional Capacity Evaluation for axial low back pain and underlying disc degeneration is not medically necessary.