

Case Number:	CM14-0128360		
Date Assigned:	08/15/2014	Date of Injury:	11/15/2012
Decision Date:	03/05/2015	UR Denial Date:	08/01/2014
Priority:	Standard	Application Received:	08/12/2014

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. 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: Pennsylvania

Certification(s)/Specialty: Internal Medicine, Hospice & Palliative 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:

This 55 year old female was a field laborer when she sustained an injury on November 15, 2012. The injured worker fell from a machine she was working on striking the left side of her body, and then her back and head. The results of the injury include headaches and pain of the neck, mid and low back, bilateral arm, and bilateral legs. Diagnoses included cervicgia with intermittent upper extremity radiculopathy and lumbago with bilateral sciatica. Past treatment included medications and diagnostic studies. On January 24, 2014, an EMG/NCV (electromyography/nerve conduction velocity) study revealed radiculitis of bilateral C6-7 and L5-S1. The records show 3 sessions of physical therapy with electrical stimulation and diathermy from February 14, 2014 to February 27, 2014. On March 14, 2014, an MRI of the lumbar spine revealed spondylosis, a 5mm broad posterior protrusion, and bilateral moderate foraminal stenosis at L5-S1. There was a mild broad posterior disc bulge with facet arthrosis, mild narrowing at the lateral recesses, and mild foraminal narrowing at L4-5. An MRI of the cervical spine revealed mild cervical spondylosis, with small protrusions at C2-3, C3-4, and C4-5. There was no stenosis of the canal or foramen. On July 11, 2014, the treating physician noted pain was focused in the posterior knees, neck, and the upper and lower back. The physical exam revealed tenderness of the posterior knees and posterior thighs, neck, bilateral shoulders, midscapula, and lumbosacral areas. Diagnoses were cervical/thoracic/lumbar sprain/strain, C6-7 and L5-S1 radiculopathy, multiple trigger pints (myalgia), PTSD (posterior traumatic stress disorder). The physician recommended referrals for functional capacity evaluation and psychological evaluation, selective serotonin and norepinephrine reuptake inhibitor (SNRI)

medication, and continuing current medications, including oral and topical pain medications. Current work status is temporarily totally disabled. On August 1, 2014, Utilization Review non-certified a request for evaluation management referral for functional capacity evaluation (FCE) requested on July 30, 2014. The evaluation management referral for functional capacity evaluation (FCE) was non-certified based on lack of documentation to support the need or appropriateness of a functional capacity evaluation (FCE). There was no discussion of the injured worker returning to work and she was not entering any work conditioning or functional restoration program. The injured worker was not at maximum medical improvement (MMI) status for rating. The California Medical Treatment Utilization Schedule (MTUS), ACOEM (American College of Occupational and Environmental Medicine) Guidelines for functional capacity evaluation and the Official Disability Guidelines (ODG), Fitness for Duty Chapter (updated 3/26/14) were cited. Treating physician notes dated 05/09/2015 and 06/13/2014 was also reviewed.

IMR ISSUES, DECISIONS AND RATIONALES

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

Referral for a Functional Capacity Evaluation: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Page(s): 137-138. Decision based on Non-MTUS Citation Official Disability Guidelines, (ODG), Fitness for Duty Chapter, (last updated 03/26/2014)

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 2 General Approach to Initial Assessment and Documentation, Chapter 5 Cornerstones of Disability Prevention and Management Page(s): 21-22; 80-83.

Decision rationale: The MTUS Guidelines support the use of a functional capacity evaluation (FCE) if it is necessary to translate a medical problem into functional limits and/or to determine a worker's capacity to perform work duties. This more precise and detailed assessment is not needed in every case. The submitted and reviewed documentation indicated the worker was experiencing pain in the lower back that went into the leg, neck, and arm. The submitted records did not contain a discussion sufficiently detailing the reason(s) a functional capacity evaluation was needed in this case or documentation of circumstances that would otherwise sufficiently support this request. In the absence of such evidence, the current request for a functional capacity evaluation is not medically necessary.