

Case Number:	CM14-0151474		
Date Assigned:	09/19/2014	Date of Injury:	01/10/2011
Decision Date:	10/13/2015	UR Denial Date:	08/20/2014
Priority:	Standard	Application Received:	09/17/2014

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: California, Indiana, New York
 Certification(s)/Specialty: Internal 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 injured worker was a 40 year old male, who sustained an industrial injury, January 10, 2011. The injured was sustained when the injured worker was moving boxes from one pallet to another, the injured worker felt a pain in the lower back. According to progress note of May 13, 2014, the injured worker's chief complaint was neck and low back pain. The injured worker rated the neck pain at 5 out of 10. The low back pain was rated at 8-9 out 10. The injured worker also reported ongoing depression and anxiety. The physical exam noted there was decreased range of motion in all planes of the cervical spine. The foraminal compression test was positive on bilaterally. There was tenderness with palpation in lumbar spine over the paralumbar muscles bilaterally. There was decreased range of motion in all planes of the lumbar spine. There were decreased reflexes of the patellar, hamstring and Achilles. The injured worker was undergoing treatment for cervical disc syndrome, lumbar disc syndrome, gastroesophageal reflux disease and insomnia. The injured worker previously received the following treatments computerized range of motion testing on April 15, 2014 and physical therapy. The RFA (request for authorization) requesting the following treatments were requested a functional capacity evaluation. The UR (utilization review board) denied certification on August 20, 2014; for a functional capacity evaluation. The documentation was not received within 14 days of the receipt of the completed request for authorization.

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 (ODG), Fitness for Duty Chapter.

MAXIMUS guideline: Decision based on MTUS Low Back Complaints 2004, Section(s): Work, Special Studies.

Decision rationale: Pursuant to the ACOEM, functional capacity evaluation is not medically necessary. The guidelines state the examiner is responsible for determining whether the impairment results from functional limitations and to inform the examinee and the employer about the examinee's abilities and limitations. The physician should state whether work restrictions are based on limited capacity, risk of harm or subjective examinees tolerance for the activity in question. There is little scientific evidence confirming functional capacity evaluations to predict an individual's actual capacity to perform in the workplace. For these reasons it is problematic to rely solely upon functional capacity evaluation results for determination of current work capabilities and restrictions. The guidelines indicate functional capacity evaluations are recommended to translate medical impairment into functional limitations and determine work capability. Guideline criteria functional capacity evaluations include prior unsuccessful return to work attempts, conflicting medical reporting on precautions and/or fitness for modify job, the patient is close to maximum medical improvement, and clarification any additional secondary conditions. FCEs are not indicated when the sole purpose is to determine the worker's effort for compliance with the worker has returned to work and an ergonomic assessment has not been arranged. In this case, the injured worker's working diagnoses are cervical disc syndrome; lumbar disc syndrome; gastroesophageal reflux disease; and insomnia. Date of injury is January 10, 2011. The request for authorization is August 8, 2014. There is a single progress note in the medical record dated May 13, 2014. There is no contemporaneous clinical documentation on or about the date of request for authorization (August 8, 2014). According to the progress note dated May 13, 2014, there is no request for a functional capacity evaluation. There is no clinical indication or rationale for a functional capacity evaluation. Subjectively, the injured worker has ongoing neck pain 5/10 and a flare-up of back pain 9/10. Physical therapy two times per week times four weeks was requested. The injured worker is not currently taking any medications. Based on clinical information in the medical record, peer-reviewed evidence-based guidelines, no contemporaneous clinical documentation on about the date of request for authorization, no clinical indication or rationale for a functional capacity evaluation and no request (in the documentation) for a functional capacity evaluation, functional capacity evaluation is not medically necessary.