

Case Number:	CM14-0186941		
Date Assigned:	11/17/2014	Date of Injury:	09/05/2013
Decision Date:	01/30/2015	UR Denial Date:	11/07/2014
Priority:	Standard	Application Received:	11/10/2014

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 Interventional Spine 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 a 62 year old male with an injury date of 09/05/13. Based on the 07/01/14 progress report, the patient complains of residual low back pain and lower extremities symptoms which he rates as a 7/10. This pain is associated with lower extremity numbness, tingling, and weakness. The 08/12/14 report states that the patient has spasm and tenderness in the paravertebral musculature of the lumbar spine with decreased loss of range of motion. The patient is ambulating with an antalgic gait and has weakness with toe and heel walking on the left side. He has decreased sensation with pain over the left L5 dermatome. The patient's diagnoses include the following: 1. Lumbosacral radiculopathy 2. Intervertebral disc disorder. The utilization review determination being challenged is dated 11/07/14. Treatment reports were provided from 06/03/14- 08/12/14.

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 cite any medical evidence for its decision.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation ACOEM Guidelines, Chapter 7, Functional Capacity Evaluation, page 137

Decision rationale: According to the 08/12/14 report, the injured worker presents with low back pain and lower extremities symptoms which are associated with lower extremity numbness, tingling, and weakness. The request is for a Functional Capacity Evaluation. The report with the request was not provided. The 06/03/14 report indicates that the injured worker has modified work with the following restrictions: 1. Avoid lifting over 10 lbs. 2. Avoid heavy pushing and pulling over 10 lbs. 3. The injured worker is restricted completely from squatting/kneeling/climbing. 4. Standing restrictions include preclusion from walking or standing for longer than 60 minutes in a single shift. 5. Injured worker should remain on TTD if the work modifications cannot be accommodated by the employer. There is no discussion provided on how often the injured worker works in terms of hours per work and days per week. MTUS does not discuss functional capacity evaluations. Regarding Functional/Capacity Evaluation, ACOEM Guidelines page 137 states, "The examiner is responsible for determining whether the impairment results in functional limitations... The employer or claim administrator may request functional ability evaluations. These assessments also may be ordered by the treating or evaluating physician, if the physician feels the information from such testing is crucial...There is little scientific evidence confirming that FCEs predict an individual's actual capacity to perform in the workplace." The report with the request is not provided and therefore, it is unknown if the request was from the employer or the treating physician. ACOEM supports FCE if asked by the administrator, employer, or if it is deemed crucial. In this case, there is no discussion provided on the requested functional capacity evaluation and the treating physician does not explain why FCE is crucial. Per ACOEM, there is lack of evidence that FCEs predict the injured worker's actual capacity to work; therefore, the request is not medically necessary.