

Case Number:	CM14-0188672		
Date Assigned:	11/19/2014	Date of Injury:	04/11/2013
Decision Date:	01/30/2015	UR Denial Date:	10/16/2014
Priority:	Standard	Application Received:	11/12/2014

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. The expert reviewer is Board Certified in Physical Medicine Rehab 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 51 year old male with date of injury 4/11/13. The treating physician report dated 10/03/14, which was not provided for review, indicates that the patient presents with pain affecting the low back. The physical examination findings reveal chronic back pain but no subjective complaints documented. Prior treatment history includes physical therapy, acupuncture, medication and x-rays. MRI findings reveal desiccation at the L4-5 disc space and a right-sided bulge in the annulus without central or significant foraminal stenosis. At the L3-4 disc space there is a lateral bulge in the annulus without central canal or significant foraminal stenosis present. No mention is made of nerve root or spinal cord compression. The current diagnosis is spondylolisthesis. The utilization review report dated 10/16/14 denied the request for a functional capacity evaluation based on a lack of proper documentation of return to work attempts and suitability for a specific job.

IMR ISSUES, DECISIONS AND RATIONALES

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

Functional Capacity Evaluation (FCE): Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines FCE.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation ACOEM Practice Guidelines, Chapter 7, pages 137-138

Decision rationale: The patient presents with chronic low back pain. The current request is for a functional capacity evaluation. FCE is not addressed in the MTUS guidelines. ACOEM does not appear to support functional capacity evaluations unless the employer or claims administrator makes the request following the treating physician making work restriction recommendations. ACOEM states, "The examiner is responsible for determining whether the impairment results in functional limitations and to inform the examinee and the employer about the examinee's abilities and limitations. The physician should state whether the work restrictions are based on limited capacity, risk of harm, or subjective examinee tolerance for the activity in question. The employer or claim administrator may request functional ability evaluations, also known as functional capacity evaluations, to further assess current work capability." No documentation has been provided with a request for an FCE from the employer or claims administrator. Therefore, the request is not medically necessary.