MAXIMUS Federal Services

Case Number:	CM14-0194141		
Date Assigned:	12/01/2014	Date of Injury:	03/24/2008
Decision Date:	01/14/2015	UR Denial Date:	11/04/2014
Priority:	Standard	Application Received:	11/19/2014

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 & Rehabilitation, has a subspecialty in Pain Medicine 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:

This 53 year old female sustained an industrial related injury on 03/24/2008 from a fall. The results of the injury and the original diagnoses were not discussed. Treatment to date has included an anterior lumbar fusion (04/30/2012) and a lumbar laminectomy at the L4-L5 (12/20/2013). The injured worker was found to have a lumbar disc herniation at the L4-L5 levels. Diagnostic testing discussed in clinical notes included MRIs of the lumbar spine (10/17/1996 & 08/11/2008) which revealed 4 mm central disc protrusion at the L4-L5 levels. An additional MRI (dated 04/02/2012) was noted to show a 8 mm central right paracentral disc protrusion. Complaints reported on the most recent evaluation, dated 10/08/2014, included intermittent numbness and tingling in both legs, and continued intermittent low back pain. Objective findings included tenderness to palpation about the lumbar paravertebral musculature with noted spasms, slightly restricted range of motion (ROM) due to complaints of pain, and tenderness at the L2-L5 levels bilaterally. Current diagnoses included lumbar strain and contusion with radiculopathy, 4 mm disc bulge with facet arthropathy and bilateral foraminal stenosis, status post L4-L5 laminectomies, L4-L5 discectomy and posterior decompression, L4-L5 facetectomies, status post posterior fusion of the L4-L5 levels, and post traumatic anxiety. There was not rationale provided or discussion regarding the reason for the requested functional capacity evaluation. Treatments in place around the time the functional capacity evaluation was requested included Tylenol and a home exercise program. There were no noted changes in the injured worker's pain, functional deficits, or activities of daily living. Work functions were unchanged as the injured worker remained permanent and stationary. Dependency on medical care was unchanged.On 11/04/2014, Utilization Review (UR) non-certified a prescription for functional capacity evaluation which was requested on 10/29/2014. The clinical peer review section of the UR was not submitted in the documents; therefore, the reason for the non-

certification could not be established. However, the ODG guidelines were cited as the treatment guidelines used in the decision. This UR decision was appealed for an Independent Medical Review. The submitted application for Independent Medical Review (IMR) requested an appeal for the non-certification of a functional capacity evaluation.

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: Decision based on MTUS ACOEM Chapter 1 Prevention Page(s): 12. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Fitness for Duty Chapter, Functional Capacity Evaluation American College of Occupational and Environmental Medicine (ACOEM), 2nd Edition, (2004) Chapter 7, Pages 137-138

Decision rationale: The CA MTUS does not specifically address functional capacity evaluations. Other well-established guidelines include ACOEM and ODG. ACOEM Chapter 7 Functional Capacity Evaluation states on pages 137-138: "The employer or claim administrator may request functional ability evaluations, also known as Functional Capacity Evaluations, to further assess current work capability. These assessments also may be ordered by the treating or evaluating physician, if the physician feels the information from such testing is crucial. Though Functional Capacity Evaluations (FCEs) are widely used and promoted, it is important for physicians and others to understand the limitations and pitfalls of these evaluations." The Official Disability Guidelines specify the following "Guidelines for performing an FCE: If a worker is actively participating in determining the suitability of a particular job, the FCE is more likely to be successful. A FCE is not as effective when the referral is less collaborative and more directive.It is important to provide as much detail as possible about the potential job to the assessor. Job specific FCEs are more helpful than general assessments. The report should be accessible to all the return to work participants.Consider an FCE if1. Case management is hampered by complex issues such as: - Prior unsuccessful RTW attempts.- Conflicting medical reporting on precautions and/or fitness for modified job.- Injuries that require detailed exploration of a worker's abilities.2. Timing is appropriate:- Close or at MMI/all key medical reports secured.- Additional/secondary conditions clarified.Do not proceed with an FCE if- The sole purpose is to determine a worker's effort or compliance.- The worker has returned to work and an ergonomic assessment has not been arranged. (WSIB, 2003)"The generally accepted criteria for the use of a functional capacity evaluation includes case management being hampered by complex issues such as prior unsuccessful return to work attempts, conflicting medical reporting on precautions and/or fitness for modified job, or injuries that require detailed explanation of a worker's abilities. Although this worker is at maximum medical improvement, there is a lack of discussion of any prior unsuccessful attempted to return to work. A progress note on 10/8/2014 documents that the FCE was intended to better evaluate the patient's "return to work environment." But there is a lack of discussion of the current physical demands of the jobs or what type of potential mismatch between the patient's ability and the occupational demands of

her job are anticipated to warrant a FCE. In the absence of clarity regarding those issues, the currently requested functional capacity evaluation is not medically necessary.