

Case Number:	CM14-0196152		
Date Assigned:	12/04/2014	Date of Injury:	02/25/2013
Decision Date:	01/20/2015	UR Denial Date:	11/01/2014
Priority:	Standard	Application Received:	11/24/2014

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 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 35 year old male with an injury date of 02/25/13. Based on the 07/29/14 progress report, the patient complains of low back pain which is described as pins and needles sensation. Mild tenderness is present at the left sciatic notch and lower lumbar spine. His range of motion is moderately decreased. The patient has a positive straight leg raise on both the left and the right. He has a positive Kemps test on both sides as well. The 08/06/14 report indicates that the patient has low back pain which radiates to both legs. He rates this pain as a 5/10 and is "unable to return to work." The 10/27/14 report states that the patient has a check-up of his chronic pain and lumbar disc disease. No further positive exam findings were provided. The patient's diagnoses include the following: Degeneration of lumbar or lumbosacral intervertebral disc and degeneration of lumbar intervertebral disc. The utilization review determination being challenged is dated 11/01/14. Treatment reports were provided from 03/25/14- 12/05/14.

IMR ISSUES, DECISIONS AND RATIONALES

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

1 functional evaluation by a physical therapist: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Functional Capacity Evaluation.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Functional Capacity Evaluation (FCE) Page(s): 137.

Decision rationale: According to the 08/06/14 report, the patient presents with low back pain which radiates to both legs. The request is for 1 functional evaluation by a physical therapist. The 08/06/14 report states that the patient is "unable to return to work." MTUS does not discuss functional capacity evaluations. Regarding functional capacity evaluation (FCE), ACOEM Guidelines, Chapter 7 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 10/27/14 report states that the patient "is interested in returning to work in a job that would work for him and his limitations." In this case, 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. Per ACOEM, there is lack of evidence that FCEs predict the patient's actual capacity to work. As such, this request is not medically necessary.