

Case Number:	CM14-0203569		
Date Assigned:	12/16/2014	Date of Injury:	12/15/2011
Decision Date:	02/05/2015	UR Denial Date:	11/11/2014
Priority:	Standard	Application Received:	12/05/2014

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 Internal 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:

The patient is an injured worker with a history of neck sprain, cervical radiculopathy, and carpal tunnel syndrome. Date of injury was December 15, 2011. The operative report dated May 29, 2014 documented the performance of cervical epidural steroid injection and fluoroscopic guidance for needle placement. The operative report dated October 23, 2014 documented the diagnoses of cervical radiculopathy, multilevel cervical degenerative changes with marked bilateral foraminal narrowing at C6-7, and moderate left and mild right foraminal narrowing at C5-6. Cervical epidural steroid injection and fluoroscopic guidance for needle placement were performed. The progress report dated October 28, 2014 documented that the patient had a corticosteroid injection to her neck, which brought about significant relief to the neck pain and the radiating down the arm. Physical examination was documented. She still has some numbness and tingling into the left hand. The patient has improvement in range of motion, but still has some restriction with extension. Normal grip strength was noted. Spurling maneuver was negative. The patient is left hand dominant. The patient has a history of carpal tunnel syndrome from prior nerve conduction velocity studies and electromyography. The treatment plan included a request for functional capacity evaluation (FCE).

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: Decision based on MTUS Chronic Pain Treatment Guidelines.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 1 Prevention Page(s): 12. Decision based on Non-MTUS Citation ACOEM Chapter 7 Independent Medical Examinations and Consultations, pages 137-138

Decision rationale: Medical Treatment Utilization Schedule (MTUS) addresses functional capacity evaluation (FCE). American College of Occupational and Environmental Medicine (ACOEM) 2nd Edition (2004) Chapter 1 Prevention (page 12) states that there is not good evidence that functional capacity evaluations are correlated with a lower frequency of health complaints or injuries. ACOEM Chapter 7 Independent Medical Examinations and Consultations (pages 137-138) states that there is little scientific evidence confirming that functional capacity evaluations predict an individual's actual capacity to perform in the workplace. Medical records document a history of neck sprain, cervical radiculopathy, and carpal tunnel syndrome. The progress report dated October 28, 2014 documented a request for functional capacity evaluation (FCE). MTUS and ACOEM guidelines do not support the medical necessity of a functional capacity evaluation (FCE). Therefore, the request for Functional Capacity Evaluation is not medically necessary.