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| Case Number: | CM14-0209132 | | |
| Date Assigned: | 12/22/2014 | Date of Injury: | 10/03/2013 |
| Decision Date: | 02/18/2015 | UR Denial Date: | 11/17/2014 |
| Priority: | Standard | Application Received: | 12/15/2014 |

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. 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/Service. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

The Expert Reviewer has the following credentials:

State(s) of Licensure: California, Hawaii

Certification(s)/Specialty: Physical Medicine & Rehabn

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 30-year old female with date of injury 10/3/13. The treating physician report dated 9/30/14 (42) indicates that the patient presents with pain affecting her cervical and lumbar spine, which radiates to the right shoulder/arm, lumbar spine pain which radiates to the right hip/right knee and frequent mild to moderate headaches. The physical examination findings reveal midline tenderness at C5-6, near normal cervical range of motion, lumbar tenderness at L3/L4/L5 and near normal lumbar range of motion. Prior treatment history includes 24 chiropractic sessions, physical therapy sessions, cortisone injections and pain medication. There are no imagining studies available however; the treating reports not that MRI findings dated 01/14 reveal "a slipped disc in the cervical spine and two slipped discs in the lumbar region" (21). The current diagnoses are: -Sprain/Strain Neck-Displacement of cervical intervertebral disc without myelopathy-Displacement of lumbar intervertebral disc without myelopathy-Cervical Radiculitis NOS-Lumbosacral Radiculitis, unspecifiedThe utilization review report dated 11/17/14 denied the request for Functional Capacity Examination for the Lumbar and cervical spine based on ODG.

IMR ISSUES, DECISIONS AND RATIONALES

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

Functional Capacity Examination (FCE) for the Lumbar and cervical spine: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines, Internet Version 2014, Fitness for Duty, Functional Capacity Evaluation (FCE) Guidelines for performing an FCE

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation American College of Occupational and Environmental Medicine (ACOEM), 2nd Edition, (2004) Chapter7, page(s) 137-138

Decision rationale: The patient presents with affecting her cervical and lumbar spine, which radiates to the right shoulder/arm, lumbar spine pain which radiates to the right hip/right knee and frequent mild to moderate headaches. The current request is for Functional Capacity Examination (FCE) for the Lumbar and cervical spine. The treating physician report dated 9/30/14 (42) is silent regarding any FCE. The Request for Authorization dated 9/30/14 (48) that accompanies the treating physician report dated 9/30/14 references ACOEM Guidelines and the physician's potential need to "translate medical impairment into functional limitations" or when the physician "feels such testing is crucial." The MTUS Guidelines do not discuss functional capacity evaluations. ACOEM chapter 7, was not adopted into MTUS, but would be the next highest-ranked standard according to LC4610.5(2)(B). 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." In this case, the treating physician has not documented any basis for the request. The patient is not working and has not worked since October 2013. There is no documentation found indicating that the employer or claims administrator was challenging the physicians' work restrictions and they did not request an FCE. Therefore, the request is not medically necessary.