MAXIMUS Federal Services

Case Number:	CM14-0210888		
Date Assigned:	12/23/2014	Date of Injury:	11/22/1993
Decision Date:	02/17/2015	UR Denial Date:	11/17/2014
Priority:	Standard	Application Received:	12/16/2014

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 Family Practice and is licensed to practice in North Carolina. 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 59-year-old with a reported injury date of 11/22/1993. The patient has the diagnoses of chronic pain syndrome, axial low back pain, lumbar spondylosis without myelopathy and myofascial pain syndrome. The mechanism of injury occurred when the patient was a pedestrian and struck by a car. Per the progress notes provided for review from the requesting physician dated 11/21/2014, the patient had complaints of continued pain in the lower back but improved pain in the lower limbs. The patient had undergone a L1/2, L2/3 and L3/4 decompression surgery in 05/2014. Other treatment modalities have included physical therapy and epidural steroid injections. The physical exam noted positive right slump test with painful lumbar range of motion and decreased sensation to light touch in the right buttocks, right lateral thigh, medial calf and right 1st and 2nd digits. Treatment plan recommendations included a functional restoration program to try and get the patient off opioid therapy, improve lumbar range of motion and return to work.

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 ACOEM Page(s): 137-138,Chronic Pain Treatment Guidelines. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Low Back Chapter, Work Hardening (WH) Program,

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) functional capacity evaluation.

Decision rationale: The California MTUS and the ACOEM do not specifically address functional capacity evaluations. Per the ODG, functional capacity evaluations (FCE) are recommended prior to admission to work hardening programs, with preference for assessments tailored to a specific job. Not recommended as a routine use as part of occupational rehab or screening or generic assessments in which the question is whether someone can do any type of job. Consider FCE 1. Case management is hampered by complex issues such as: a. Prior unsuccessful RTW attempts b. Conflicting medical reporting on precaution and/or fitness for modified jobs c. Injuries that require detailed exploration of the worker's abilities 2. Timing is appropriate a. Close or at MMI/all key medical reports secured b. Additional/secondary conditions clarified. There is no indication in the provided documentation of prior failed return to work attempts or conflicting medical reports or injuries that require detailed exploration of the worker's abilities. The patient has failed multiple other conservative and invasive treatment options. The goal of a functional capacity evaluation however is not made specifically clear in reference to admission to a work hardening program or assessment tailored to a specific job. Therefore, criteria as set forth above have not completely been met and the request is not certified.