

Case Number:	CM15-0001951		
Date Assigned:	01/13/2015	Date of Injury:	09/10/2013
Decision Date:	03/09/2015	UR Denial Date:	12/23/2014
Priority:	Standard	Application Received:	01/05/2015

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: North Carolina

Certification(s)/Specialty: Family Practice

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 41 year old male sustained an industrial injury on 9/10/13 with subsequent lumbar back pain. X-rays and MRI of the lumbar spine revealed degenerative disc disease at multiple levels. Treatment included medications, heat packs, physical therapy, lumbar epidural injection, physical therapy and pool exercise. In a progress note dated 12/15/14, the injured worker complained of sharp right sided low back pain with radiation to the right lower extremity associated with right lower extremity weakness and interference with sleep due to pain. The injured worker noted increased stress due to difficulty getting medications, lack of progress with treatment and financial situation. Work status was temporarily disabled. Current medications included Soma 350 mg 4x/day, Neurontin 300mg 3x/day and Percocet (no dosage noted) as needed for pain. Physical exam was remarkable for antalgic gait. The injured worker appeared anxious, depressed and tearful. The physician noted that the injured worker's pain affected his sleep and functional capacity and caused interpersonal relationship issues. The injured worker was not a candidate for surgery or other invasive procedures. The treatment plan included requesting a functional capacity evaluation, continuing medications and trialing Cymbalta. On 12/23/14, Utilization Review noncertified a functional capacity evaluation between 12/11/14 and 2/16/15 citing lack of medical necessity and CA MTUS guidelines.

IMR ISSUES, DECISIONS AND RATIONALES

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

One (1) functional capacity evaluation: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG)

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation 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. Therefore, criteria have not been met as set forth by the ODG and the request is not certified.