

Case Number:	CM15-0107950		
Date Assigned:	06/12/2015	Date of Injury:	10/25/2014
Decision Date:	07/15/2015	UR Denial Date:	05/28/2015
Priority:	Standard	Application Received:	06/04/2015

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: California

Certification(s)/Specialty: Physical Medicine & Rehabilitation

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 62-year-old male sustained an industrial injury to the low back on 10/25/14. Previous treatment included magnetic resonance imaging, physical therapy, chiropractic therapy, acupuncture and medications. Electromyography/nerve conduction velocity test of bilateral lower extremities (3/20/15) was normal. No recent magnetic resonance imaging was available for review. In the most recent progress note submitted for review, dated 1/29/15, the injured worker complained of intermittent, moderately severe low back pain, rated 4/10 on the visual analog scale. Physical exam was remarkable for normal posture, tenderness to palpation of the thoracolumbar spine and paraspinal musculature with restricted range of motion, spasms and 5/5/ lower extremity motor strength. The injured worker walked with a normal gait. Current diagnoses included low back contusion, lumbar spine sprain/strain and back muscle spasm. The treatment plan included continuing acupuncture and a pain management consultation.

IMR ISSUES, DECISIONS AND RATIONALES

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

Functional Capacity Evaluation (FCE): Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation ACOEM guidelines, Chapter 7, page 137-139 has the following regarding functional capacity evaluations, Official disability guidelines, Low Back - Lumbar & Thoracic (Acute & Chronic) chapter, under Functional capacity evaluation (FCE).

Decision rationale: The patient presents on 06/12/15 with lower back pain and associated weakness in the right lower extremity. The patient's date of injury is 10/25/14. Patient has no documented surgical history directed at this complaint. The request is for FUNCTIONAL CAPACITY EVALUATION. The RFA was not provided. Physical examination dated 06/12/15 reveals slightly positive FABER sign on the right, and slightly hyper-exaggerated pain response on examination. The remaining physical findings are unremarkable. The patient's current medication regimen is not provided. Diagnostic imaging was not included. Patient is currently not working. Regarding functional capacity evaluation, ACOEM Guidelines Chapter 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. There is no significant evidence to confirm that FCEs predict an individual's actual capacity to perform in a workplace. " ODG Fitness For Duty, Low Back - Lumbar & Thoracic (Acute & Chronic) chapter, under Functional capacity evaluation (FCE) states:"Recommended prior to admission to a Work Hardening (WH) Program, with preference for assessments tailored to a specific task or job. Not recommend 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 generally. " In regard to the request for a functional capacity evaluation, this patient does not meet guideline criteria for such an evaluation. ACOEM and ODG do not support functional capacity evaluations solely to predict an individual's work capacity, unless the information obtained is crucial or requested by the adjuster/employer. The treating physician's assessment of the patient's limitations are as good as what can be obtained via an FCE. Therefore, the request IS NOT medically necessary.

Ortho Spine Evaluation: Overturned

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation ACOEM Chapter 7, page 127.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation ACOEM Practice Guidelines, 2nd Edition (2004), Independent medical examination and consultations. Ch: 7 page 127.

Decision rationale: The patient presents on 06/12/15 with lower back pain and associated weakness in the right lower extremity. The patient's date of injury is 10/25/14. Patient has no documented surgical history directed at this complaint. The request is for ORTHO SPINE EVALUATION. The RFA was not provided. Physical examination dated 06/12/15 reveals slightly positive FABER sign on the right, and slightly hyper-exaggerated pain response on examination. The remaining physical findings are unremarkable. The patient's current medication regimen is not provided. Diagnostic imaging was not included. Patient is currently not working. ACOEM Practice Guidelines, 2nd Edition (2004), Chapter 7, Independent Medical Examination and Consultations, page 127 states: "The occupational health practitioner may refer to other specialists if a diagnosis is uncertain or extremely complex, when psychosocial factors are present, or when the plan or course of care may benefit from additional expertise. "In regard to the consultation with an orthopedic specialist,

the request is appropriate. Progress note dated 06/12/15 notes that this patient is not a candidate for epidural steroid injections, and that all avenues of conservative treatment have been exhausted. The provider is requesting a consultation with an orthopedic surgeon so as to determine whether or not this patient is a candidate for surgery. ACOEM guidelines support that the physician is justified in seeking a specialist opinion on the matter. Therefore, the request IS medically necessary.