

Case Number:	CM15-0010542		
Date Assigned:	02/23/2015	Date of Injury:	04/09/1982
Decision Date:	04/02/2015	UR Denial Date:	01/09/2015
Priority:	Standard	Application Received:	01/19/2015

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: New York, Tennessee
 Certification(s)/Specialty: Emergency Medicine

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 injured worker is a 71 year old female who sustained an industrial related injury on 4/9/82. The injured worker had complaints of low back pain with associated bilateral lower extremity weakness and numbness of the left foot. Left buttock pain, left groin pain, left posterior thigh pain, and left calf pain was also noted. The diagnosis was lumbar post-laminectomy syndrome, lumbar degenerative disc disease, lumbar disc displacement, neuritis, chronic post-operative pain, scoliosis, and hip osteoarthritis. Medication included Gabapentin, Fentanyl, Opana, and Oxymorphone HCL. The treating physician requested authorization for a functional capacity evaluation for the lumbar spine. On 1/9/15, the request was non-certified. The utilization review physician cited the Medical Treatment Utilization Schedule guidelines and noted the request was to assist in determining any need for durable medical equipment. This was noted to not be an applicable indication for a functional capacity evaluation. Therefore, the request was non-certified.

IMR ISSUES, DECISIONS AND RATIONALES

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

Functional capacity evaluation (FCE) for the lumbar spine: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Work hardening Page(s): 125.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines: Fitness for Duty: Functional Capacity Evaluations.

Decision rationale: Both job-specific and comprehensive FCEs can be valuable tools in clinical decision-making for the injured worker; however, FCE is an extremely complex and multifaceted process. Little is known about the reliability and validity of these tests and more research is needed. Guidelines for performing an FCE: If a worker is actively participating in determining the suitability of a particular job, the FCE is more likely to be successful. A FCE is not as effective when the referral is less collaborative and more directive. It is important to provide as much detail as possible about the potential job to the assessor. Job specific FCEs are more helpful than general assessments. The report should be accessible to all the return to work participants. Consider an FCE if 1. Case management is hampered by complex issues such as:- Prior unsuccessful RTW attempts. Conflicting medical reporting on precautions and/or fitness for modified job, Injuries that require detailed exploration of a worker's abilities. 2. Timing is appropriate: Close or at MMI/all key medical reports secured. Additional/secondary conditions clarified. Do not proceed with an FCE if- The sole purpose is to determine a worker's effort or compliance.- The worker has returned to work and an ergonomic assessment has not been arranged. In this case, the request for the functional capacity evaluation was to determine the patient's equipment and housekeeping needs. This is not an indication for a functional capacity evaluation. The request should not be authorized.