

Case Number:	CM15-0016528		
Date Assigned:	02/04/2015	Date of Injury:	09/11/2014
Decision Date:	04/20/2015	UR Denial Date:	01/02/2015
Priority:	Standard	Application Received:	01/28/2015

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:

The injured worker is a 34 year old male, who sustained an industrial injury on September 11, 2014. He reported a sharp pain in his lower back. The injured worker was diagnosed as having lumbar disc protrusion, lumbar muscle spasm, lumbar pain, lumbar radiculopathy and lumbar sprain/strain. Treatment to date has included injection, medication, lumbar support and physical therapy. On December 22, 2014, the injured worker complained of constant low back pain rated as an 8 on a 1-10 pain scale. The pain was described as achy, sharp, stabbing, throbbing, burning, stiffness, heaviness, numbness, tingling, weakness and cramping. The pain was aggravated by cold weather, movement, sudden movement, lifting 20 pounds, sitting, standing, driving, bending, kneeling and squatting. Medication provides pain relief. Physical examination revealed tenderness to palpation of the lumbar paravertebral muscles. There was muscle spasm of the lumbar paravertebral muscles. Straight leg raise caused pain bilaterally. Kemp's caused pain bilaterally. The treatment plan included orthopedic consult, medication, physical therapy, request TENS unit and initial Functional Capacity Evaluation on 12/23/2014.

IMR ISSUES, DECISIONS AND RATIONALES

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

Retrospective request for Functional Capacity Evaluation, DOS 12/23/14: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Functional Capacity Evaluation (FCE).

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation ACOEM guidelines, Chapter 7, p137-139 has the following regarding functional capacity evaluations.

Decision rationale: Per the 12/22/14 report the patient presents with Lumbar spine pain rated 8/10. The current request is for RETROSPECTIVE REQUEST FOR FUNCTIONAL CAPACITY EVALUATION DOS 12/23/14. The RFA is not included; however, the 01/02/15 utilization review states it is dated 12/22/14. The patient is to remain off work until 02/05/15. ACOEM Guidelines Chapter 7 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... These assessments also may be ordered by the treating or evaluating physician, if the physician feels the information from such testing is crucial... There is little scientific evidence confirming that FCEs predict an individual's actual capacity to perform in the workplace." The treater does not discuss this request. The 12/22/14 treatment plan only states, "Initial FCE on 12/23/14". In this case, there is no explanation in the reports provided as to why this evaluation is crucial. There is no evidence that the claims administrator or employer has requested this examination or that the patient desires a return to work and the employer or treating physician is concerned about his ability to do so. FCE's cannot predict a patient's actual work capacity. The request IS NOT medically necessary.