

Case Number:	CM15-0139123		
Date Assigned:	07/29/2015	Date of Injury:	01/15/1998
Decision Date:	09/01/2015	UR Denial Date:	06/18/2015
Priority:	Standard	Application Received:	07/17/2015

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, Hawaii

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 64 year old male who sustained an industrial injury on 1/15/98. He has been treated for neck and low back pain. He has undergone multiple surgeries. Supplemental agreed medical evaluation report dated 5/22/15 reports continued complaints of neck, mid and low back pain. He was diagnosed with Parkinson's disease on 9/9/14. Progress report dated 6/3/15 reports routine follow up post multiple surgeries. He has no new complaints. Diagnoses include: Status post anterior cervical discectomy and fusion at C5-6 and C6-7 and removal of hardware from C3 to C5 on 4/10/14, status post anterior cervical discectomy and fusion C3-4 and C4-5 and status post L3 to S1 decompression and fusion in 2007. Plan of care includes: request a functional capacity evaluation in preparation of making him permanent and stationary. Work status: totally temporarily disabled. Follow up in 6 weeks.

IMR ISSUES, DECISIONS AND RATIONALES

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

Functional Capacity Evaluation (20 units) Qty 1: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation ACOEM Occupational Medicine Practice Guidelines: 2004 edition, pages 137-138.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation ACOEM, Chapter 7, Functional Capacity Evaluation, Pg. 137.

Decision rationale: The patient presents with diagnoses that include status post anterior cervical discectomy and fusion at C5-6 and C6-7 and removal of hardware from C3 to C5 in April 2014, status post anterior cervical discectomy and fusion C3-4 and C4-5 and status post L3 to S1 decompression and fusion in 2007. The patient has also recently been diagnosed with Parkinson's disease. The patient currently complains of neck, mid and low back pain. The patient's work status is temporarily totally disabled. The current request is for a Functional Capacity Evaluation. No clinical history was provided with the application for review other than the UR denial and letter for reconsideration from the requesting physician. According to the UR report dated 6/18/15 (7A) the treating physician states in the 6/12/15 (9A) treating report that the treatment plan is to, request FCE in preparation of making him P&S. Following the UR denial the requesting physician submitted a letter for reconsideration dated 8/6/15 (2C) in which he states, "we are considering a FCE in order to assess the patient's functional abilities after multiple surgeries have been done. The patient is reaching a plateau in treatment. At this time, the question raises based on the treatment rendered and improvement that has taken place what kind of task is the patient capable of doing." A FCE should be done on this patient to collect objective information relevant to determination of feasibility for any kind employment. ACOEM guidelines state, "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." In this case, the treating physician does not explain why FCE is crucial, neither the employer nor the claims administrator requested the FCE. There is no evidence of previous failed attempts to return to work. And according to ACOEM Guidelines the FCE does not predict the patient's actual capacity to perform in the workplace. The requested treatment is not medically necessary.