

Case Number:	CM15-0145988		
Date Assigned:	08/06/2015	Date of Injury:	03/31/2015
Decision Date:	09/03/2015	UR Denial Date:	07/02/2015
Priority:	Standard	Application Received:	07/27/2015

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: Preventive Medicine, Occupational 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 24 year old female, who sustained an industrial injury on 03-31-2015. She has reported injury to the low back. The diagnoses have included lumbar sprain and lumbosacral radiculopathy. Treatment to date has included medications, diagnostics, chiropractic therapy, and physical therapy. Medications have included Vicodin, Tramadol, and Naproxen. A progress note from the treating physician, dated 06-23-2015, documented a follow-up visit with the injured worker. Currently, the injured worker complains of continued back pain radiating into the lower extremities with pain, paresthesia, and numbness; she has had two physical therapy sessions and treatment was stopped after she had severe pain; and chiropractic treatment is helping her to reduce her pain and increase functional capacity and facilitate activities of daily living. Objective findings included spasm, tenderness, and guarding in the paravertebral musculature of the lumbar spine with loss of range of motion; and there is some decrease in sensation noted in the S1 dermatomes bilaterally. The treatment plan has included the request for functional capacity evaluation.

IMR ISSUES, DECISIONS AND RATIONALES

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

Functional Capacity Evaluation: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Functional improvement measures Page(s): 48. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Fitness for Duty.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Fitness for Duty/Functional Capacity Evaluation and Other Medical Treatment Guidelines ACOEM 2nd ed. Chapter 7, Independent Medical Evaluations pages 137, 138.

Decision rationale: MTUS Guidelines do not specifically address the medical necessity of Functional Capacity Evaluations (FCEs). Other Guidelines do address this issue and are consistent with their recommendations. FCEs are only recommended if communications are established with an employer and there is a specific job task(s) offered and available. Under these circumstances the purpose of the FCE is to evaluate the safety and suitability of predetermined job task(s). In this instance, there is no evidence of any employer communications and there is no evidence of predetermined job tasks that have been made available. There are no unusual circumstances that justify an exception to Guideline recommendations. The requested FCE is not medically necessary.