MAXIMUS Federal Services

Case Number:	CM15-0147966		
Date Assigned:	08/03/2015	Date of Injury:	07/18/2011
Decision Date:	08/31/2015	UR Denial Date:	06/23/2015
Priority:	Standard	Application Received:	07/13/2015

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: Arizona, California
Certification(s)/Specialty: Family Practice

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 51-year-old male, who sustained an industrial injury on 7-18-11. Initial complaints were of his lower back and left hip. The injured worker was diagnosed as having cervical sprain-strain; thoracic sprain-strain; musculoligamentous sprain lumbar spine; contusion lumbar spine; status post lumbar spine laminectomy and discectomy (1-30-14); left hip contusion; osteoarthritis of left hip; greater trochanteric bursitis. Treatment to date has included status post lumbar spine laminectomy and discectomy (1-30-14); physical therapy; TENS unit; medications. Diagnostics studies included X-rays lumbar spine (2-4-14). Currently, the PR-2 notes dated 4-14-15 indicated the injured worker complains of aching pain in his neck which is present all of the time. There is neck pain radiating down his right shoulder down to the right upper extremity to the hand. He denies any numbness or tingling in his neck or arms. He has occasional headaches but is not sure if they are related to his neck pain. He has stiffness in the neck when turning his head in all directions. He has difficulty sleeping and awakens with pain and discomfort. He has difficulty with prolonged sitting, standing and walking. He avoids lifting or carrying at this time. His pain is 4 over 10. He experiences aching pain in his mid-back that is present all of the time. He has no radiation of pain. He difficulty ascending and descending stairs and will have to hold onto the railing and rates the pain level as 5 over 10. He reports pain in his lumbar spine which is present all the time. His pain radiates down into the left leg to the knee. He denied numbness or tingling in his legs at this time. His pain is noted as increasing with prolonged sitting for more than 15-20 minutes, prolonged standing or walking, bending, kneeling, stooping, ascending and descending stairs. He uses a cane and rates his pain for this area as 5 over 10. He experiences left hip pain all of the time and it radiates down into the left leg to the knee. His pain increases with prolonged sitting, standing or walking for more than 15 minutes. He rates his pain as 5 over 10. The provider notes the injured worker is using a cane for ambulation and is using a TENS unit at home. The provider does review previous

x-rays from 2011 and lumbar MRI from 2011. The provider is requesting authorization of Retro: Functional Capacity Assessment performed 04/14/15.

IMR ISSUES, DECISIONS AND RATIONALES

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

Retro: Functional Capacity Assessment performed 04/14/15: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines, Treatment Index, 13th Edition (web), 2015, Fitness for Duty - Functional Capacity Evaluation (FCE).

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Functional Capacity Evaluation Page(s): 48.

Decision rationale: According to the guidelines, activities at work that increase symptoms need to be reviewed and modified. A functional capacity evaluation is indicated when information is required about a worker's functional abilities that is not available through other means. It is recommended that wherever possible should reflect a worker's capacity to perform the physical activities that may be involved in jobs that are potentially available to the worker. In this case, there is no mention of returning to work or description of work duties that require specific evaluation. There were repeat injuries in 2015 and the claimant was not working nor was a formalized plan provided to return to work. No documentation on work hardening is provided. As a result, a functional capacity evaluation for the dates in question is not medically necessary.