

Case Number:	CM15-0162581		
Date Assigned:	08/28/2015	Date of Injury:	08/13/2013
Decision Date:	10/09/2015	UR Denial Date:	07/24/2015
Priority:	Standard	Application Received:	08/19/2015

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: California
 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 54 year old female who sustained an industrial injury on 8-13-13. Diagnoses are lumbar spine herniated nucleus pulposus, right foot osteoarthritis, and myospasm. In a progress report dated 7-21-15, the primary treating physician notes low back pain is rated as 0 out of 10 and right foot pain is rated as 0 out of 10. There is tenderness of the lumbar spine, spasm and decreased range of motion. There is tenderness of the right foot. Medications are Naproxen, Omeprazole, Cyclobenzaprine, and Flurbiprofen-Ketoprofen cream. Previous therapy includes physical therapy, medication, and modified work. Work status is return to full duty on 7-21-15. The treatment plan is a Functional Capacity Evaluation, continue taking medications as prescribed, topical compound cream, and urinalysis test for toxicology. The requested treatment is a Functional Capacity Evaluation; lumbar spine, thoracic spine.

IMR ISSUES, DECISIONS AND RATIONALES

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

FCE (Functional Capacity Evaluation), lumbar spine, thoracic spine,: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation ACOEM chapter 7, page 132-139, Official Disability Guidelines, Fitness for Duty Section, Functional Capacity Evaluation.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation American College of Occupational and Environmental, Medicine's Occupational Medicine (ACOEM) Practice Guidelines, 2nd, Edition (2004) Chapter 7, page 137-138.

Decision rationale: The requested FCE (Functional Capacity Evaluation), lumbar spine, thoracic spine, is not medically necessary. CA MTUS-The American College of Occupational and Environmental, Medicine's Occupational Medicine (ACOEM) Practice Guidelines, 2nd, Edition (2004) Chapter 7, page 137-138 note in regards to functional capacity evaluations, that "There is little scientific evidence confirming FCEs predict an individual's actual capacity to perform in the workplace." The injured worker has low back pain is rated as 0 out of 10 and right foot pain is rated as 0 out of 10. There is tenderness of the lumbar spine, spasm and decreased range of motion. There is tenderness of the right foot. Medications are Naproxen, Omeprazole, Cyclobenzaprine, and Flurbiprofen-Ketoprofen cream. Previous therapy includes physical therapy, medication, and modified work. Work status is return to full duty on 7-21-15. There is no documentation that the patient is at Maximum Medical Improvement. The treating physician has not documented the medical necessity for this evaluation as an outlier to referenced guideline negative recommendations. The criteria noted above not having been met, FCE (Functional Capacity Evaluation), lumbar spine, thoracic spine is not medically necessary.