

Case Number:	CM15-0168355		
Date Assigned:	09/09/2015	Date of Injury:	12/03/2011
Decision Date:	10/14/2015	UR Denial Date:	08/10/2015
Priority:	Standard	Application Received:	08/26/2015

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: Colorado

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 33 year old female who sustained an injury on 12-3-11. Diagnoses include status post L5-S1 fusion (2-4-14 and 2-5-14); left leg neuropathic pain; neck pain; C5-6 disc protrusion. The PR2 dated 4-30-15 reports that she was unable to complete functional restoration program due to pain, though she did participate in at least the initial 6 weeks of the FRP. Treatments to date include anti-inflammatory medications; Vicodin; physical therapy; bracing; chiropractic treatments (24 visits); epidural steroid injection that initially was helpful but the pain returned; L5-S1 anterior posterior fusion (2-4-14, 2-5-14) with post-operative improvement. Most recent physical examination revealed range of motion has improved; straight leg raise negative in bilateral lower extremities but causes back pain. Post-operatively, she does not use any walker or other assistive device. Medications prescribed included Celecoxib 200 mg; Gabapentin 300 mg. Current requested treatments include Functional capacity evaluation lower back.

IMR ISSUES, DECISIONS AND RATIONALES

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

Functional Capacity Evaluation for the lower back: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Chapter 7: Independent Medical Examinations and Consultations, pages 132-139.

MAXIMUS guideline: Decision based on MTUS General Approaches 2004, Section(s): Cornerstones of Disability Prevention and Management.

Decision rationale: The MTUS Guidelines do not address Functional Capacity Evaluations, so the ACOEM Guidelines were consulted. Per the ACOEM, a Functional Capacity Evaluation (FCE) is a comprehensive assessment, using performance-based tests to determine a person's ability to work and to do activities of daily living. A Functional Capacity Evaluation (FCE) can be specific to a given job or can be a general assessment of ability to do any job. For the patient of concern, the records supplied include an Agreed Medical Examination (AME) dated 6/24/2015 that indicates patient is permanent and stationary. The AME further outlines patient's current work limitations, so additional evaluation is not needed as patient's capabilities for work have been documented. The Functional Capacity Evaluation is not medically necessary.