

Case Number:	CM15-0169369		
Date Assigned:	09/10/2015	Date of Injury:	05/09/2015
Decision Date:	10/13/2015	UR Denial Date:	08/17/2015
Priority:	Standard	Application Received:	08/28/2015

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: 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 39 year old male, who sustained an industrial injury on 5-9-15. Initial complaints were of a slip type injury shifting his weight to his back and right knee. The injured worker was diagnosed as having lumbosacral sprain-strain; right knee sprain-strain. Treatment to date has included physical therapy; medications. Diagnostics studies included MRI lumbar spine (7-20-15). Currently, the PR-2 notes dated 8-7-15 indicated the injured worker was in the office for an initial evaluation and treatment. He currently complains of stabbing pain in his low back that radiates to the right knee. He also complains of pins and needles into his right knee and right foot. The injured worker reports he is currently taking Norco for pain. On physical examination, the provider documents motor strength at 5+ over 5 bilaterally in the lower extremities. Deep tendon reflexes are normal and equal bilaterally at 2 over 2. The lumbar spine examination reviews complains of constant severe pain 8-9 out of 10 in severity and described as dull, achy, sharp stabbing, throbbing low back pain and stiffness radiating to the bilateral legs. The right knee complaints are of occasional mild to 3 out of 10 dull, achy, right knee pain and stiffness. There is tenderness to palpation for the lumbar paravertebral muscles and right gluteus. The provider's treatment plan included a request for all of his medical records, a TENS unit and hot-cold unit, chiropractic therapy, acupuncture, medications: Norco and Cyclobenzaprine, transdermal creams, urine toxicology screening, and a functional capacity evaluation. A MRI of the lumbar spine dated 6-23-15 was reported in a PR-2 dated 7-20-15 revealing a 2mm posterior disc bulge at L4-5 with extension into the right neural foramen of approximately 5mm with moderate narrowing of the caudal margin of the right neural foreman. This report indicated the injured worker continued complaints of chronic lower back pain with numbness and tingling down the right lower extremity. He reports that over the last two months his pain has not

improved. This provider recommended conservative treatment of physical therapy and medications for analgesia, muscle relaxants and anti-inflammatory medications. He advised an EMG-NCV study of the back and lower extremities be requested. No results of this testing were submitted. A Request for Authorization is dated 9-8-15. A Utilization Review letter is dated 8-17-15 and non-certification was for Functional Capacity Evaluation. The provider is requesting authorization of 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: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation American College of Occupational and Environmental Medicine, Chapter 7, Page 132-139.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation ACOEM chapter 7, page 137-139.

Decision rationale: The 39 year old patient complains of low back pain radiating to the right knee along with pins and needles sensation in right knee and right foot, as per progress report dated 08/07/15. The request is for FUNCTIONAL CAPACITY EVALUATION. The RFA for this case is dated 08/07/15, and the patient's date of injury is 05/09/15. Diagnoses, as per progress report dated 08/07/15, included lumbar sprain/strain and right knee sprain/strain. Prescribed medications included Norco and Cyclobenzaprine. The pain is rated at 6-8/10, as per progress report dated 07/20/15. MRI of the lumbar spine, dated 06/23/15, revealed mild discopathy with L4-5 posterior disc protrusion. The patient is on modified duty, as per progress report dated 08/07/15. MTUS does not discuss functional capacity evaluations. ACOEM chapter 7, page 137-139 states that the "examiner is responsible for determining whether the impairment results in functional limitations. The employer or claim administrator may request functional ability evaluations, may be ordered by the treating or evaluating physician, if the physician feels the information from such testing is crucial." ACOEM further states, "There is little scientific evidence confirming that FCE's predict an individual's actual capacity to perform in the workplace." In this case, a request for functional capacity evaluation is noted in progress report dated 08/07/15. The treater, however, does not discuss the purpose of this request. ACOEM states that "there is little scientific evidence confirming that FCE's predict an individual's actual capacity to perform in the workplace". Additionally, there is no request from the employer or claims administrator, and the treater does not discuss the purpose of this request. Routine FCE's are not recommended as they do not necessarily predict a patient's ability to work. Hence, the request is not medically necessary.