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| Case Number: | CM15-0182231 | | |
| Date Assigned: | 09/25/2015 | Date of Injury: | 05/19/2012 |
| Decision Date: | 11/06/2015 | UR Denial Date: | 08/20/2015 |
| Priority: | Standard | Application Received: | 09/16/2015 |

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: New Jersey
 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 46 year old male, who sustained an industrial injury on 5-19-12. Current diagnoses or physician impression include lumbar spine degenerative joint disease, lumbar spine strain, lumbar radiculopathy and degenerative joint disease with lumbar disc protrusions at L2, L3, L4 and L5. His work status is modified duty; however, the employer cannot accommodate modified duty and he is; therefore, totally temporarily disabled. A report dated 8-4-15 reveals the injured worker presented with complaints of flare-ups in his lower back pain when he attempted to increase his activity. A report dated 7-24-15 revealed low back pain rated at 8 out of 10 that increases with standing, walking, bending, twisting and similar activities of daily living. A physical examination dated 8-4-15 revealed mild limitation of thoracic motion due to discomfort of the lumbar spine. The lumbar spine reveals tenderness to palpation in the upper, mid and lower paravertebral muscles and range of motion as follows; flexion, right lateral bending, right lateral rotation, and left lateral rotation all at 20 degrees and left lateral bending and extension are 15 degrees. There is increased pain with motion noted and "patchy" decreased sensation in the bilateral lower extremities "most notably in the L5 distribution". A 7-13-15 examination of the lumbar spine revealed tenderness to palpation in the upper, mid and lower paravertebral muscles and range of motion is as follows; flexion and right lateral rotation is 25 degrees, right lateral bending and left lateral rotation is 20 degrees and left lateral bending and extension are 15 degrees. Treatment to date has included lumbar epidural injection, which provided benefit and he experienced improvement, per note dated 7-24-15, and medications

(Tylenol #3, Naproxen and Protonix). A request for authorization dated 8-14-15 for qualified functional capacity evaluation is denied, per Utilization Review letter dated 8-20-15.

IMR ISSUES, DECISIONS AND RATIONALES

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

Qualified functional capacity evaluation: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009.

MAXIMUS guideline: Decision based on MTUS General Approaches 2004, Section(s): Prevention, General Approach to Initial Assessment and Documentation. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Fitness for Duty section, Functional capacity evaluation (FCE).

Decision rationale: The MTUS Guidelines state that at present, there is not good evidence that functional capacity evaluations (FCE) are correlated with a lower frequency of health complaints or injuries, and that the preplacement examination process will determine whether the employee is capable of performing in a safe manner the tasks identified in the job-task analysis. However, an FCE may be considered. The ODG goes into more detail as to which situations would benefit from an FCE, and how to make a request for such. It states that the healthcare provider requesting an FCE request an assessment for a specific task or job when wanting admission to a Work Hardening (WH) Program. The FCE is more likely to be successful if the worker is actively participating in determining the suitability of a particular job. The provider should provide as much detail as possible about the potential job to the assessor, and the more specific the job request, the better. The FCE may be considered when management is hampered by complex issues such as prior unsuccessful RTW attempts, conflicting medical reporting of precautions and/or fitness for modified job, or injuries that require detailed exploration of a worker's abilities. The timing of the request also has to be appropriately close or at maximal medical improvement with all key medical reports secured and additional conditions clarified. The ODG advises that one should not proceed with an FCE if the sole purpose is to determine a worker's effort or compliance, or if the worker has returned to work and an ergonomic assessment has not been arranged. In the case of this worker, there appears to be mild lumbar symptoms reported and identified on physical examination. Medications were used, but there wasn't sufficient evidence to suggest this worker had reached maximal medical improvement or any other indication to fully justify a request for an FCE. Therefore, the request for an FCE is not medically necessary at this time.