

Case Number:	CM15-0189225		
Date Assigned:	10/01/2015	Date of Injury:	03/16/2013
Decision Date:	11/12/2015	UR Denial Date:	09/19/2015
Priority:	Standard	Application Received:	09/25/2015

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 68 year old male injured worker suffered an industrial injury on 3-16-2013. The diagnoses included lumbar degenerative changes, and radiculitis to the right foot. On 9-8-2015 the treating provider reported he had benefited from the injections only a couple of days. Prior treatment included 8-3-2015 lumbar epidural steroid injections and facet blocks. The provider reported the functional capacity evaluation was ordered prior to "permanent and stationary". Request for Authorization date was 9-5-2015. The Utilization Review on 9-19-2015 determined non-certification for one functional capacity evaluation.

IMR ISSUES, DECISIONS AND RATIONALES

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

One functional capacity evaluation: Upheld

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

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Low Back - Lumbar & Thoracic (Acute & Chronic) chapter, under Functional capacity evaluation and Other Medical Treatment Guidelines ACOEM Guidelines Chapter 7 page 137.

Decision rationale: The current request is for one functional capacity evaluation. Prior treatment included lumbar epidural steroid injections, facet blocks, back brace, physical therapy, and medications. The patient is retired. Regarding functional capacity evaluation, ACOEM Guidelines Chapter 7 page 137 states, "The examiner is responsible for determining whether the impairment results in functional limitations." The employer or claim administrator may request functional ability evaluations. There is no significant evidence to confirm that FCEs predict an individual's actual capacity to perform in a workplace. ODG Fitness for Duty, Low Back - Lumbar & Thoracic (Acute & Chronic) chapter, under Functional capacity evaluation (FCE) states: "Recommended prior to admission to a Work Hardening (WH) Program, with preference for assessments tailored to a specific task or job. Not recommend routine use as part of occupational rehab or screening, or generic assessments in which the question is whether someone can do any type of job generally." Per report 09/08/15, the patient presents with chronic neck and lower back pain with radiation into the upper and lower extremities. Examination findings revealed decrease ROM in all directions, positive straight leg raise, and positive sensory change at S1. The treater requested a functional capacity evaluation prior to determining permanent and stationary status. In regard to the request for a functional capacity evaluation, this patient does not meet guideline criteria for such an evaluation. ACOEM and ODG do not support functional capacity evaluations solely to determine the patient's P&S status, unless the information obtained is crucial or requested by the adjuster/employer. The treating physician's assessment of the patient's limitations are as good as what can be obtained via an FCE. Therefore, the request is not medically necessary.