

Case Number:	CM15-0193468		
Date Assigned:	10/07/2015	Date of Injury:	02/24/2012
Decision Date:	11/16/2015	UR Denial Date:	09/16/2015
Priority:	Standard	Application Received:	10/01/2015

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: Arizona, California

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 53 year old male, who sustained an industrial injury on 02-24-2012. He has reported subsequent neck and shoulder pain and was diagnosed with cervical herniated nucleus pulposus at C5-C6 and C6-C7, cervical radiculopathy, shoulder pain, internal derangement, impingement and status post C5-C6 and C6-C7 anterior cervical discectomy and rigid fusion on 03-16-2015. Treatment to date has included pain medication, physical therapy and surgery, which were noted to have failed to significantly relieve the pain. The injured worker underwent anterior cervical discectomy and fusion of C5-C6 and C6-C7 and partial vertebrectomy at C5, C6 and C7 on 03-16-2015. X-rays of the cervical spine on 06-23-2015 showed intact hardware with no loosening or lucency and notable interim fusion. In a 07-07-2015 progress note, the injured worker reported continued neck, right shoulder, low back and bilateral leg pain but described feeling better since the last visit. In a progress note dated 09-01-2015, the injured worker reported neck, right shoulder, low back and left leg pain. Low back pain was rated as 3 out of 10 and left posterior leg pain was rated as 6 out of 10. The injured worker described feeling the same since the last office visit and reported experiencing difficulty with activities of daily living and pain with flexion, extension and rotation and specifically difficulty sleeping for only 4-6 hours per night. Objective examination findings revealed decreased range of motion of the cervical spine and right shoulder, mild tenderness to palpation of the lumbar spine, mild tenderness to palpation of the neck, straight leg raise at 30 degrees on the left and Lasegue's at 30 degrees on the left. Work status was documented as "full duty per AME." The physician noted that a request for a functional capacity evaluation was being

submitted in order to better assess the injured worker's ability to return to work without restrictions, to improve his treatment program and to evaluate his physical abilities post-operatively. A request for authorization of functional capacity evaluation was submitted. As per the 09-16-2015 utilization review, the request for functional capacity evaluation was non-certified.

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 ACOEM 2004 Independent Medical Examinations and Consultations Chapter 7 pages 137-138; Official Disability Guidelines (ODG) Fitness for Duty Chapter (Online Version).

MAXIMUS guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Chronic pain programs (functional restoration programs), Functional improvement measures.

Decision rationale: According to the guidelines, activities at work that increase symptoms need to be reviewed and modified. A functional capacity evaluation is indicated when information is required about a worker's functional abilities that is not available through other means. It is recommended that wherever possible should reflect a worker's capacity to perform the physical activities that may be involved in jobs that are potentially available to the worker. In this case, claimant is planning to return to work and limitations of work duties without restrictions requires specific evaluation. Ranges of motion and physical findings were already described in the prior exams. As a result, a functional capacity evaluation for the dates in question is not medically necessary.