

Case Number:	CM15-0197967		
Date Assigned:	10/13/2015	Date of Injury:	01/30/2013
Decision Date:	11/20/2015	UR Denial Date:	09/23/2015
Priority:	Standard	Application Received:	10/08/2015

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, Indiana, New York
 Certification(s)/Specialty: Internal Medicine

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 22 year old female, who sustained an industrial injury on 01-30-2013. She has reported subsequent back pain and was diagnosed with lumbar disc displacement without myelopathy and thoracic sprain and strain. Treatments to date included pain medication and injections which were noted to help relieve pain. The only medical documentation submitted is an initial evaluation, report and request for authorization dated 04-30-2015. During the 04-30-2015 visit, the injured worker was seen for an evaluation as the primary treating physician. The injured worker reported intermittent moderate to severe pain in the thoracic spine and constant severe pain in the lumbar spine and was noted to be unable to do prolonged walking or exercise. Objective examination findings revealed 3+ spasm and tenderness to the bilateral paraspinal muscles from T8 to T12 with decreased and painful range of motion, 3+ spasm and tenderness of the bilateral lumbar paraspinal muscles from L1 to L5 and multifidus, decreased and painful range of motion and positive Kemp's and Yeoman's test bilaterally. Work status was documented as modified. The treatment plan included a functional improvement measure through a functional capacity evaluation. The physician noted that the importance of an assessment is to have a measure that can be used repeatedly over the course of treatment to demonstrate improvement of function or maintenance of function that would otherwise deteriorate. A request for authorization of functional capacity evaluation x 1 was submitted. As per the 09-23-2015 utilization review, the request for functional capacity evaluation x 1 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 x 1: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: Decision based on MTUS Low Back Complaints 2004, Section(s): Work-Relatedness, Activity, Work.

Decision rationale: Pursuant to the ACOEM, functional capacity evaluation times 1 is not medically necessary. The guidelines state the examiner is responsible for determining whether the impairment results from functional limitations and to inform the examinee and the employer about the examinee's abilities and limitations. The physician should state whether work restrictions are based on limited capacity, risk of harm or subjective examinees tolerance for the activity in question. There is little scientific evidence confirming functional capacity evaluations to predict an individual's actual capacity to perform in the workplace. For these reasons it is problematic to rely solely upon functional capacity evaluation results for determination of current work capabilities and restrictions. The guidelines indicate functional capacity evaluations are recommended to translate medical impairment into functional limitations and determine work capability. Guideline criteria functional capacity evaluations include prior unsuccessful return to work attempts, conflicting medical reporting on precautions and/or fitness for modify job, the patient is close to maximum medical improvement, and clarification any additional secondary conditions. FCEs are not indicated when the sole purpose is to determine the worker's effort for compliance with the worker has returned to work and an ergonomic assessment has not been arranged. In this case, the injured worker's working diagnoses are lumbar disc displacement without myelopathy; and thoracic sprain strain. Date of injury is January 30, 2013. Request for authorization is September 16, 2015. The documentation contains a single progress note by the requesting provider dated April 30, 2015. There is no contemporaneous clinical documentation in the medical record on or about the date of request for authorization September 16, 2015. According to the April 30, 2015 the initial encounter, the treating provider commented there were no records available for review, no diagnostic tests available for review and no consultation report available for review. The treating provider indicated he requires a functional improvement measure three functional capacity evaluation. The treating provider ordered physical therapy, magnetic resonance imaging scan, and LSO brace and topical analgesics. As noted above, there is no contemporaneous clinical documentation on or about the date of request authorization. As a result, there is no clinical discussion, indication or clinical rationale for a functional capacity evaluation. There is no return to work attempts and there is no documentation the injured worker has reached or is close to maximal medical improvement. Based on clinical information in the medical record, peer-reviewed evidence-based guidelines, no contemporaneous clinical documentation on or about the date of request for authorization, and no discussion, indication or rationale for a functional capacity evaluation, functional capacity evaluation times 1 is not medically necessary.