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| Case Number: | CM15-0199757 | | |
| Date Assigned: | 10/15/2015 | Date of Injury: | 07/06/2015 |
| Decision Date: | 11/23/2015 | UR Denial Date: | 09/22/2015 |
| Priority: | Standard | Application Received: | 10/12/2015 |

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: North Carolina
 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:

This is a 53-year-old male with a date of injury of July 6, 2015. A review of the medical records indicates that the injured worker is undergoing treatment for lumbosacral musculoligamentous sprain and strain with radiculitis rule out lumbosacral discogenic disease, depression, sleep disturbance secondary to pain, and hypertension aggravation. Medical records (September 3, 2015) indicate that the injured worker complained of headaches, back pain, left hip and pelvis pain, left knee and calf pain, depression, anxiety, stress, and sleep problems. Records also indicate that the injured worker's mother recently passed away. Per the treating physician (September 3, 2015), the employee has not returned to work. The physical exam (September 3, 2015) reveals an antalgic gait, lumbar spine tenderness to palpation of the spinous processes L4-5 and bilateral paraspinal muscles, bilateral sacroiliac joint, bilateral sciatic notches, bilateral posterior iliac crests, and bilateral gluteal muscles with spasm, decreased range of motion of the lumbar spine, positive straight leg raise, pain with heel and toe walking, decreased deep tendon reflexes of the left knee and ankle, decreased motor strength of the left lower extremity, and decreased sensation of the left lateral thigh, anterolateral leg, mid dorsal foot, posterior leg, and lateral foot. The report also indicated that the injured worker appeared depressed. Treatment has included medications (Tramadol, Medrol dose pack) and at least four sessions of physical therapy with some improvement. The original utilization review (September 22, 2015) non-certified a request for a 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: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Functional improvement measures.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) functional capacity evaluation.

Decision rationale: The California MTUS and the ACOEM do not specifically address functional capacity evaluations. Per the ODG, functional capacity evaluations (FCE) are recommended prior to admission to work hardening programs, with preference for assessments tailored to a specific job. Not recommended as a 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. Consider FCE 1. Case management is hampered by complex issues such as: a. Prior unsuccessful RTW attempts. b. Conflicting medical reporting on precaution and/or fitness for modified jobs. c. Injuries that require detailed exploration of the worker's abilities. 2. Timing is appropriate. a. Close or at MMI/all, key medical reports secured. b. Additional/secondary conditions clarified. There is no indication in the provided documentation of prior failed return to work attempts or conflicting medical reports or injuries that require detailed exploration of the worker's abilities. Therefore, criteria have not been met as set forth by the ODG and the request is not medically necessary.