

Case Number:	CM15-0020346		
Date Assigned:	02/09/2015	Date of Injury:	06/09/2006
Decision Date:	03/26/2015	UR Denial Date:	01/08/2015
Priority:	Standard	Application Received:	02/03/2015

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 York

Certification(s)/Specialty: Internal Medicine, Pulmonary Disease

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 43 year old male who sustained an industrial injury on June 9, 2006. He has reported right lower limb pain and has been diagnosed with bilateral L4 and L5 radiculopathy, chronic pain syndrome, and post-laminectomy syndrome. Treatment has included medications, surgery, and lumbar epidural steroid injection. Currently the injured worker had decreased sensation to light touch in the right medial calf. Extension caused significant pain. Lumbar range of motion was limited by 50 % in forward flexion, extension, and right and left lateral rotation. There was positive slump testing on the right side. The treatment plan included a functional capacity evaluation. On January 8, 2015 Utilization Review non certified 1 functional capacity evaluation citing the Official Disability Guidelines.

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 Treatment Guidelines Functional Capacity Evaluation (FCE). Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Fitness for Duty Chapter

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS.
Decision based on Non-MTUS Citation Functional Capacity Evaluation

Decision rationale: ODG notes that functional capacity evaluation (FCE) is not part of the usual rehabilitation process. It is only necessary when the patient is entering a work hardening program where evaluation of the specific work activities needed to return to the previous job is evaluated. There is no documentation that a work hardening program is medically necessary or is even being considered. The FCE is not medically necessary.