

Case Number:	CM15-0210369		
Date Assigned:	10/29/2015	Date of Injury:	01/16/2007
Decision Date:	12/10/2015	UR Denial Date:	10/13/2015
Priority:	Standard	Application Received:	10/26/2015

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 63 year old male, who sustained an industrial injury on 1-16-2007. A review of the medical records indicates that the injured worker is undergoing treatment for herniated nucleus pulposus (HNP), status post anterior-posterior lumbar fusion, and radiculopathy-radiculitis. On 10-5-2015, the injured worker reported lower back pain rated 6 out of 10 on the visual analog scale (VAS), left sided pain, and mid back pain. The Primary Treating Physician's report dated 10-5-2015, noted the injured worker's condition was unchanged. The physical examination was noted to show the lumbar spine with pain to palpation, muscle spasms, limited range of motion (ROM) and positive left straight leg raise. Prior treatments have included physical therapy, failed TENS, modifications of activities, and spine surgery. The treatment plan was noted to include a Functional Capacity Evaluation (FCE). The injured worker's work status was noted to be unable to work. The request for authorization dated 10-5-2015, requested Functional Capacity Evaluation (FCE) #32 units. The Utilization Review (UR) dated 10-13-2015, non-certified the requests for Functional Capacity Evaluation (FCE) #32 units.

IMR ISSUES, DECISIONS AND RATIONALES

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

Functional capacity evaluation #32 units: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation ACOEM, Chapter 7: Independent Medical Examinations and Consultations, Official Disability Guidelines (ODG), Fitness for Duty Chapter, Functional capacity evaluation.

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 #32 units 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 and that is both anterior/posterior lumbar fusion at L4-L5 and L5-S1; early degeneration of adjacent segment L3-L4; and stable constructs at L4-L5 and L5-S1. Date of injury is January 16, 2007. Request for authorization is October 6, 2014. According to an October 5, 2015 progress note, subjective complaints include ongoing residual back pain and left sided pain and mid back pain. The injured worker's pain is unchanged. The injured worker manifests the same degree of back pain as before. The treating provider recommended additional therapies and an interferential unit to help with pain. This modality was not authorized. Objectively, the injured worker ambulates with an antalgic (mild) gait. Motor function is 5/5 in the lower extremities. Sensation is slightly diminished to light touch in the left lower extremity. There is no musculoskeletal examination of the lumbar spine. There is no documentation the injured worker is close to maximal medical improvement. The documentation states the injured worker's pain is unchanged. There is no documentation of attempted return to work attempts. The request for authorization contains #32 units. It is unclear what the 32 units reflects. Based on the clinical information in the medical record, peer-reviewed evidence-based guidelines, no documentation the injured worker is close to maximal medical improvement and no documentation including prior unsuccessful return to work attempts, functional capacity evaluation #32 units is not medically necessary.