

Case Number:	CM15-0035255		
Date Assigned:	03/03/2015	Date of Injury:	08/13/2013
Decision Date:	05/01/2015	UR Denial Date:	01/30/2015
Priority:	Standard	Application Received:	02/25/2015

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

Certification(s)/Specialty: Physical Medicine & Rehabilitation

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 57-year-old female who sustained an industrial injury on 8/13/13. The injured worker reported symptoms in the back, bilateral hips and bilateral groins. The injured worker was diagnosed as having degenerative joint/degenerative disc disease of the lumbar spine, lumbar radiculopathy, bilateral hip strain, ruled out bilateral inguinal hernias and lumbar disc protrusion. Treatments to date have included chiropractic treatment, oral analgesic, functional restoration therapy, activity modification. Currently, the injured worker complains of pain in the back, bilateral hips and bilateral groins. The plan of care was for functional capacity evaluation, specialist evaluation and pain management evaluation.

IMR ISSUES, DECISIONS AND RATIONALES

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

Functional capacity evaluation for the lower back: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 2 General Approach to Initial Assessment and Documentation Page(s): 21.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation ACOEM guidelines, Chapter 7; p137-139 has the following regarding functional capacity evaluations.

Decision rationale: The 57-year-old patient presents with degenerative disc disease of the lumbar spine, lumbar radiculopathy, bilateral hip strain, r/o bilateral inguinal hernias, and lumbar disc protrusion at L2, L3, L4, and L5-S1, as per progress report dated 01/27/15. The request is for FUNCTIONAL CAPACITY EVALUATION FOR THE LOWER BACK. The RFA for the case is dated 01/26/15, and the patient's date of injury is 08/13/13. The patient is temporarily totally disabled, as per progress report dated 01/27/15. MTUS does not discuss functional capacity evaluations. ACOEM chapter 7, page 137-139 states that the "examiner is responsible for determining whether the impairment results in functional limitations. The employer or claim administrator may request functional ability evaluations; may be ordered by the treating or evaluating physician, if the physician feels the information from such testing is crucial." ACOEM further states, "There is little scientific evidence confirming that FCE's predict an individual's actual capacity to perform in the workplace." In this case, request for functional capacity evaluation is noted in progress reports dated 01/27/15 and 01/06/15. The treating physician, however, does not discuss the purpose of this evaluation. The progress reports do not mention a request from the employer or claims administrator. There is no documentation regarding prior evaluations as well. The patient is temporarily disabled at this time but there is no indication she is planning to return to work. Hence, the request IS NOT medically necessary.

Evaluation by a hernia specialist: Overturned

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation CA MTUS/ACOEM Guidelines Chapter 7, Independent medical examinations and consultations Page 127.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation ACOEM Practice Guidelines, 2nd Edition (2004), Independent medical examination and consultations. Ch: 7 page 127.

Decision rationale: The 57-year-old patient presents with degenerative disc disease of the lumbar spine, lumbar radiculopathy, bilateral hip strain, r/o bilateral inguinal hernias, and lumbar disc protrusion at L2, L3, L4, and L5-S1, as per progress report dated 01/27/15. The request is for EVALUATION BY HERNIA SPECIALIST. The RFA for the case is dated 01/26/15, and the patient's date of injury is 08/13/13. The patient is temporarily totally disabled, as per progress report dated 01/27/15. American College of Occupational and Environmental Medicine (ACOEM), 2nd Edition, (2004) ACOEM guidelines, chapter 7, page 127 state that the occupational health practitioner may refer to other specialists if a diagnosis is uncertain or extremely complex, when psychosocial factors are present, or when the plan or course of care may benefit from additional expertise. A referral may be for consultation to aid in the diagnosis, prognosis, therapeutic management, determination of medical stability, and permanent residual loss and/or the examinee's fitness for return to work. As per progress report dated 01/27/15, the patient is experiencing some tenderness to palpation over anterior groin bilaterally. The treating

physician is therefore, requesting evaluation by a hernia specialist. Given the patient's persistent symptoms, the request is reasonable and IS medically necessary.