

Case Number:	CM15-0038181		
Date Assigned:	03/06/2015	Date of Injury:	03/30/2014
Decision Date:	04/16/2015	UR Denial Date:	02/02/2015
Priority:	Standard	Application Received:	02/27/2015

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, Pain Management

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 27 year old male who sustained a work related injury March 30, 2014, while pulling someone up in bed, developed low back pain. He was initially treated with physical therapy, muscle relaxant and paced on modified work duty. An MRI of the lumbar spine, dated May 24, 2014 (report not present in medical record), suggested degenerative disc disease. He declined facet joint injections and received chiropractic treatment with temporary improvement. According to a physician's report dated January 21, 2015, the injured worker presented with back pain that remains unchanged. He reports to using medical cannabis prescribed by another doctor for pain management and sleep. He is not taking any medications or sampled Lyrica last prescribed and gives conflicting explanations for why he is not taking prescribed medications and conflicting reports of when and how often he is using medical cannabis. He started performing exercises as instructed in physical therapy but they are of no help. When demonstrated, he fully extended his legs and bends to hold onto toes to stretch and bent from a sitting position in his chair and held onto his toes in no observable difficulty or pain. A request for authorization was made for physical therapy with aqua therapy and a functional capacity evaluation. Diagnosis is documented as sprain/strain lumbar, unspecified.

IMR ISSUES, DECISIONS AND RATIONALES

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

Functional Capacity Evaluation Qty: 1.00: Overturned

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation ACOEM 2nd Edition, 2004, page 137-138.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 1 Prevention Page(s): 12. Decision based on Non-MTUS Citation American College of Occupational and Environmental Medicine (ACOEM), 2nd Edition, (2004) Chapter 7, Pages 137-138 Official Disability Guidelines (ODG), Fitness for Duty Chapter, Functional Capacity Evaluation.

Decision rationale: Regarding request for functional capacity evaluation, Occupational Medicine Practice Guidelines state that there is not good evidence that functional capacity evaluations are correlated with a lower frequency of health complaints or injuries. ODG states that functional capacity evaluations are recommended prior to admission to a work hardening program. The criteria for the use of a functional capacity evaluation includes case management being hampered by complex issues such as prior unsuccessful return to work attempts, conflicting medical reporting on precautions and/or fitness for modified job, or injuries that require detailed explanation of a worker's abilities. Additionally, guidelines recommend that the patient be close to or at maximum medical improvement with all key medical reports secured and additional/secondary, conditions clarified. Within the documentation available for review, a progress note on 1/21/2015 has indicated the patient wants to return to work, however, this request was denied by the employer. Therefore, a functional capacity evaluation is ordered to assess the patient's ability to return to work. There is indication that the patient is at MMI, as documented in a note from 11/6/2014. The patient has significant limitations despite conservative therapies with chiropractic, physical therapy, and specialty consultation. Furthermore, it is important to note in this case that both the ACOEM and ODG are equivalent in the strength of evidence hierarchy as specify by statute. The ACOEM clearly has less stringent guidelines and allows for a functional capacity evaluation when a requesting provider feels that this testing is crucial despite the potential pitfalls of such an evaluation. Given this clinical picture, FCE is medically appropriate.