

Case Number:	CM15-0052691		
Date Assigned:	03/26/2015	Date of Injury:	09/15/2013
Decision Date:	05/01/2015	UR Denial Date:	02/27/2015
Priority:	Standard	Application Received:	03/19/2015

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, Georgia
 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:

The injured worker is a 34 year old female, who sustained an industrial injury on 09/15/2013. She has reported subsequent low back and left lower extremity pain and was diagnosed with thoracic and lumbosacral neuritis or radiculitis, lumbago, lumbar disc displacement and degeneration. Treatment to date has included oral pain medication, acupuncture, application of heat and ice and exercise. In a progress note dated 02/26/2015, the injured worker complained of low back, left lower extremity and tailbone pain. Objective findings were notable for restricted range of motion with pain and tenderness of the lumbar spine. The physician noted that a request for a functional capacity evaluation was made to determine in what capacity the injured worker would be able to return to work.

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: 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, pg 132-139.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Fitness for Duty, Functional Capacity Evaluation.

Decision rationale: The CA MTUS is silent on the issue of functional capacity evaluation. ODG cautions that a functional capacity evaluation is most helpful if the worker is actively participating in finding a job and not as effective if it is less collaborative and more directive. Job specific directives are more helpful than general assessments. ODG instructs that one should consider an FCE if there have been prior unsuccessful return to work attempts, if there are conflicting medically assessments of precautions or fitness for a modified job or injuries that require a detailed exploration of a worker's capacity. Additionally, the worker should be close to or at MMI. In this case, there have been no prior return to work attempts and there are no conflicting medical reports on any modified job capacities. The request is a general request to assess possible return to some type of job rather than any specific job. As such, the ODG criteria for considering an FCE are not met and the original UR decision is upheld. The request is not medically necessary.