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| Case Number: | CM15-0057552 | | |
| Date Assigned: | 04/02/2015 | Date of Injury: | 03/27/2012 |
| Decision Date: | 05/06/2015 | UR Denial Date: | 03/15/2015 |
| Priority: | Standard | Application Received: | 03/26/2015 |

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: Texas, California
 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 46 year old male, who sustained an industrial injury on 3/27/2012. He reported twisting his ankle and falling. The injured worker was diagnosed as having low back pain, ankle sprain, lumbar spinal stenosis, and lumbar radiculopathy. Treatment to date has included x-rays, medications, physical therapy, magnetic resonance imaging, light duty work, low back surgery, physical therapy, and epidural steroid injection. On 2/23/2015, he was seen for follow-up. He reported the low back surgery to have given him 2 months of pain relief. On 2/23/2015, he currently reports return of the low back pain with radiation and numbness into the left leg and down to the left ankle. He rates his pain as 6-9/10 on a pain scale. Physical examination of the lumbar spine revealed normal gait, negative rhomberg and positive SLR test, normal sensation and strength and full ROM and tenderness on palpation. The treatment plan included: heat and ice applications as needed, home exercises, and request for a physical capacity exam. The request is for a functional capacity evaluation. The medication list includes; Lyrica, Naproxen, Gabapentin and Ibuprofen. The patient had received lumbar selective nerve root block (SNRB), in 5/2014. Patient has received an unspecified number of PT visits for this injury.

IMR ISSUES, DECISIONS AND RATIONALES

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

Functional Capacity Evaluation (FCE): Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM, Chronic Pain Treatment Guidelines Page(s): 48. Decision based on Non-MTUS Citation Official Disability Guidelines, Low Back - Lumbar & Thoracic (Acute & Chronic).

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Chapter: Fitness for Duty (updated 04/27/15) Functional capacity evaluation (FCE).

Decision rationale: Request: Functional Capacity Evaluation (FCE). MTUS guideline does not specifically address this issue. Hence ODG used. Per the ODG guidelines cited below; If a worker is actively participating in determining the suitability of a particular job, the FCE is more likely to be successful. A FCE is not as effective when the referral is less collaborative and more directive. It is important to provide as much detail as possible about the potential job to the assessor. Job specific FCEs are more helpful than general assessments. The report should be accessible to all the return to work participants. Consider an FCE if; 1. Case management is hampered by complex issues such as: "Prior unsuccessful RTW attempts." Conflicting medical reporting on precautions and/or fitness for modified job. "Injuries that require detailed exploration of a worker's abilities. 2. Timing is appropriate: Close or at MMI/all key medical reports secured. Additional/secondary conditions clarified. Do not proceed with an FCE if; the sole purpose is to determine a worker's effort or compliance. The worker has returned to work and an ergonomic assessment has not been arranged. Any criteria listed in the guidelines that would require a FCE was not specified in the records provided. Any complex issues that hampered case management or prior unsuccessful RTW attempts are not specified in the records provided. Any evidence of conflicting medical reporting on precautions and/or fitness for modified job or any injuries that require detailed exploration of a worker's abilities are not specified in the records provided. The guidelines state, "Do not proceed with an FCE if; The sole purpose is to determine a worker's effort or compliance." Patient has received an unspecified number of PT visits for this injury. The records submitted contain no accompanying current PT evaluation for this patient. Response to conservative therapy including PT was not specified in the records provided. The medical necessity of the request for Functional Capacity Evaluation (FCE) is not fully established for this patient. Therefore, the request for Functional Capacity Evaluation (FCE) is not medically necessary.