

Case Number:	CM15-0059978		
Date Assigned:	04/06/2015	Date of Injury:	04/26/2012
Decision Date:	05/05/2015	UR Denial Date:	03/11/2015
Priority:	Standard	Application Received:	03/30/2015

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 44-year-old male, who sustained an industrial injury on April 26, 2012. The injured worker was diagnosed as having contusion of trunk, lumbar sprain and lumbar disc displacement. Treatment and diagnostic studies to date have included multiple surgeries and medication. A progress note dated February 10, 2015 provides the injured worker complains of low back pain. He reports the pain is decreased since surgery. Physical exam notes lumbar scar and decreased range of motion (ROM). The plan includes medication and functional capacity evaluation.

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: Decision based on MTUS ACOEM, Chronic Pain Treatment Guidelines. Decision based on Non-MTUS Citation Official Disability Guidelines.

MAXIMUS guideline: Decision based on MTUS ACOEM Page(s): Chapter 7, Pages 137-8.

Decision rationale: Pursuant to the ACOEM, functional capacity evaluation 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 workers working diagnosis is work-related injury lumbar spine, status post microdiscectomy L4 - L5 and L5 - S1, status post anterior and posterior fusion L4 - L5 and L5 - S1. The orthopedic surgeon in a progress note dated March 10, 2015 reviewed the medical modalities and treatment rendered to the injured worker. They include, but are not limited to, physical therapy, lumbar spine MRI, and initial orthopedic evaluation on September 27, 2012, BMG/NCV studies, epidural steroid injections on December 17, 2012; an AME on February 14, 2014, posterior lumbar arthrodesis of L4 - L5, posterior lumbar arthrodesis L5 - S1, bilateral hemi-laminectomy L4 - L5, etc. The injured worker was last seen on February 10, 2015 and remained off work. Functional capacity evaluation was ordered. Functional capacity evaluations are recommended to translate medical impairment into functional limitations and determine work capability. There is no discussion in the medical record of an attempt to return to work. There were no prior unsuccessful return to work attempts or fitness for a modified job. 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. Constantly, a functional capacity evaluation is not medically necessary.