MAXIMUS Federal Services

Case Number:	CM15-0088025		
Date Assigned:	05/12/2015	Date of Injury:	06/20/2012
Decision Date:	06/12/2015	UR Denial Date:	04/29/2015
Priority:	Standard	Application Received:	05/07/2015

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 47 year old, male who sustained a work related injury on 6/20/12. He lifted a garbage can weighing approximately 75 pounds and felt immediate pain. The diagnoses have included myofascial pain syndrome, cervical disc displacement, cervical strain/sprain, lumbar disc displacement, lumbar strain/sprain and lumbar radiculopathy. The treatments have included electro-acupuncture, medications, chiropractic treatments and massage therapy. In the PR-2 dated 4/20/15, the injured worker complains of pain and discomfort in neck, low back and legs. He has tenderness and spasm to palpation. He has trigger points. Motor strength is 5/5. Straight leg raise was positive. Lumbar range of motion is decreased. Motor strength is 5/5. Deep tendon reflexes were 2/2. The treatment plan includes a request for a functional capacity evaluation to assess his injury for residual capacity for persistent neck and back pain.

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: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Pain Chapter.

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 worker's working diagnoses are myofascial pain syndrome; cervical disc displacement; lumbar disc displacement; lumbar radiculopathy; cervical sprain/strain; and lumbar sprain/strain. The treatment plan in a progress note dated April 20, 2015 (request for authorization date April 22, 2015) states the injured worker needs a functional capacity evaluation to assess his injury to assess residual capacity for persistent neck and back pain. Functional capacity evaluations are not indicated when the sole purpose is to determine the worker's effort for compliance. The guidelines indicate functional capacity evaluations are recommended to translate medical impairment into functional limitations and determine work capability. The documentation does not include an anticipated return to work or prior unsuccessful work attempts. The purpose of the functional capacity evaluation is to assess the injured worker's injury and the residual capacity for persistent neck and back pain. 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. Consequently, absent specific clinical documentation with a clinical indication and rationale for the functional capacity evaluation, functional capacity evaluation is not medically necessary.