

Case Number:	CM13-0008242		
Date Assigned:	09/17/2013	Date of Injury:	10/30/2011
Decision Date:	02/04/2014	UR Denial Date:	07/25/2013
Priority:	Standard	Application Received:	08/06/2013

HOW THE IMR FINAL DETERMINATION WAS MADE

MAXIMUS Federal Services sent the complete case file to a physician reviewer. He/she has no affiliation with the employer, employee, providers or the claims administrator. The physician reviewer is Board Certified in Physical Medicine and Rehabilitation, has a subspecialty in Interventional Spine, and is licensed to practice in California. 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 physician 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/services. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

CLINICAL CASE SUMMARY

The expert reviewer developed the following clinical case summary based on a review of the case file, including all medical records:

61 year-old. female with injury from 10/130/11, suffers from chronic low back pain with a diagnosis of Lumbar spine sprain/strain; facet arthrosis at L4-1, 1-2 mm disc protrusion L5-S1 per magnetic resonance imaging (MRI). Review of the report from 7/11/13 shows that the patient has intermitten moderate and occasionally severe low back pain with radiateion down the right thigh. She is able to sit for 20-30 min, stand for 40 min to an hour and walk for one hour before pain increases. She is not undergoing physical therapy (PT), performs water aerobics on her own, taking Motrin, Flexeril and Terocin topical. She is not working. Functional Capacity evaluation is requested to determine her work restrictions prior to returning her to work. The treater report from 8/12/13 shows that the treater has responded to utilization review denial. He believes that the test will be helpful and necessary in order to determine the patient's functional capacity and limitations. It was not clear to the treater that based on the patient's ongoing sympotms, the patient will not be able to return to her prior occupation as a certified nurse assistant. He concludes by stating that functional capacity evaluation is medically justified based on the complex medical issues of the patient's injury and the need to explore her abilities prior to reutrning to her to work in the physically demanding position.

IMR ISSUES, DECISIONS AND RATIONALES

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

Urgent functional capacity evaluation: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints Page(s): 132-139.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints Page(s): 137, 139, Chronic Pain Treatment Guidelines Functional Improvement measures Page(s): 82.

Decision rationale: The treater's argument that functional capacity evaluation is needed in this patient is understable. However, careful reading of the ACOEM guidelines show that a routine functional capacity evaluation is not recommended and that the examiner is responsible for determining the patient's impairments and limitations and to inform the examinee and the employer about the examinee's abilities and limitations. There is little scientific evidence confirming that functional capacity evaluations (FCEs) predict an individual's actual capacity to perform in the workplace. In another words, the information that the treater is seeking is not obtainable via a functional capacity evaluation. ACOEM states that the examiner's evaluation of the patient's limitations are essentially the best that we can get, except in special circumstances where this is requested by the employer or the adjuster. ACOEM also allows for FCE if the treater believes the information is critical. In this case, the treater does not explain why FCE information would be critical. The treater already has estimated that it is unlikely the patient would be able to return to her prior job. The patient has had persistent pain at moderate to high intensity despite paucity of imaging findings. Due to such pain, it is unlikely that the patient will be able to return to work. Additional information from FCE is unlikely to be critical in aiding this patient to return work. The treater has argued that MTUS supports FCE, but the functional evaluation referred to in MTUS discusses evaluations that need to occur during initial and each visit performed by the treater. Recommendation is for denial.