MAXIMUS Federal Services

Case Number:	CM14-0129367		
Date Assigned:	08/18/2014	Date of Injury:	01/17/2014
Decision Date:	10/20/2014	UR Denial Date:	07/24/2014
Priority:	Standard	Application Received:	08/13/2014

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. The expert reviewer is Board Certified in Physical Medicine and Rehabilitation, has a subspecialty in Pain Management, 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 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/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:

The patient is a 51-year-old with a date of injury of January 17, 2004. The listed diagnoses per [redacted] are cervical spine HNP with NF stenosis, thoracic spine sprain/strain, lumbar spine DDD HNP with CC/NF stenosis, facet OA, and bilateral shoulder tendinitis. According to progress report June 23, 2014, the patient presents with continued cervical spine, thoracic spine, lumbar spine, and bilateral shoulder pain. The patient has constant bilateral pain left greater than right. There was bilateral upper extremity pain with tingling sensation that radiated to the left lower extremity. Examination revealed midline lumbar muscle TTP with spasms. There was positive sciatic notch bilaterally. There is decrease in active range of motion with pain at all levels. The treater is requesting authorization for a functional capacity evaluation. Utilization review denied the request on July 24, 2014.

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 ACOEM Chapter 7 pages 132-139

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines FUNCTIONAL IMPROVEMENT MEASURES (MTUS). Decision based on Non-MTUS Citation American College of Occupational and Environmental Medicine (ACOEM), 2nd

Edition, (2004) ACOEM guidelines has the following regarding functional capacity evaluations: Chapter:7(p137,139)

Decision rationale: This patient presents with cervical spine, thoracic spine, lower lumbar spine, and bilateral shoulder pain. The treater is requesting a functional capacity evaluation. The Independent Medical Examinations and Consultations Chapter of the American College of Occupational and Environmental Medicine (ACOEM) Practice Guidelines do not support routine use of functional capacity evaluation. It states that the examiner is responsible for determining whether the impairment results in functional limitation. There is little evidence that FCEs can predict an individual's actual capacity to perform in the workplace. FCEs are reserved for special circumstances when the employer or adjuster requests for it, or if the information from FCE is crucial. Therefore, the request for an FCE is not medically necessary or appropriate.