

Case Number:	CM14-0177598		
Date Assigned:	10/31/2014	Date of Injury:	06/08/2003
Decision Date:	12/08/2014	UR Denial Date:	10/10/2014
Priority:	Standard	Application Received:	10/27/2014

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 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:

This patient is a 65-year-old female with a date of injury of 6/08/03. Mechanism of injury is not disclosed, however, the patient has a history significant for multiple surgeries since the injury. These surgeries have included a lumbar fusion, revision decompression, lumbar hardware removal as well as a cervical decompression/fusion. The patient is under the care of a spine specialist, and extensive care has been done. In addition to the surgeries, the patient has had therapy, medications, injections and acupuncture. The patient has remained TTD. On 10/02/14, a request for an FCE was made to "more objectively determine her work restrictions/abilities". This was reviewed in Utilization Review on 10/10/14 and denied.

IMR ISSUES, DECISIONS AND RATIONALES

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

Functional Capacity Evaluation: Overturned

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 5 Cornerstones of Disability Prevention and Management Page(s): 57.

Decision rationale: Guidelines do support use of the FCE when the work capability of the patient is unclear, where use of the evaluation may establish physical abilities and facilitate a

return to work. In difficult cases, these studies are used in helping determine the impairment rating. In this case, the patient remains TTD following multiple spine surgeries affecting the cervical and lumbar spine. At this juncture, it is reasonable to do an FCE to determine if there is any reasonable work assignments this patient would be capable of doing. A Functional Capacity Evaluation is medically necessary.