

Case Number:	CM14-0184854		
Date Assigned:	11/12/2014	Date of Injury:	07/19/2013
Decision Date:	12/19/2014	UR Denial Date:	10/14/2014
Priority:	Standard	Application Received:	11/06/2014

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 Medicine 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 injured worker had an original date of injury of July 19, 2013. The patient has diagnosis of chronic low back pain, L5-S1 disc degeneration, lumbar radiculopathy (demonstrated on electromyogram), and lumbar herniated disc. There is primarily pain in the low back but also radiation of pain down the right leg. The patient is temporarily totally disabled. Conservative treatment has included a full course of physical therapy in the past and trigger point injections. The patient is on tramadol for pain management; there has been documented intolerance to Norco. The disputed request is for a functional capacity evaluation. A utilization review determination on October 14, 2014 had denied this request. The ACOEM guidelines and ODG were cited, and the reviewer wrote that "criteria are not met for an FCE."

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 base their decision on the MTUS. Decision based on Non-MTUS Citation ACOEM Practice Guidelines, Chapter 7: Independent Medical Examinations and Consultations

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 1 Prevention Page(s): 12. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Fitness for Duty

Chapter, Functional Capacity Evaluation American College of Occupational and Environmental Medicine (ACOEM), 2nd Edition, (2004) Chapter 1 Pages 12 & Chapter 7, Pages 137-138

Decision rationale: The CA MTUS does not specifically address functional capacity evaluations. Other well-established guidelines include the ACOEM and the ODG. The ACOEM Chapter 7 Functional Capacity Evaluation states on pages 137-138: "The employer or claim administrator may request functional ability evaluations, also known as Functional Capacity Evaluations, to further assess current work capability. These assessments also may be ordered by the treating or evaluating physician, if the physician feels the information from such testing is crucial. Though Functional Capacity Evaluations (FCEs) are widely used and promoted, it is important for physicians and others to understand the limitations and pitfalls of these evaluations." The Official Disability Guidelines specify the following "Guidelines for performing an FCE: If a worker is actively participating in determining the suitability of a particular job, the FCE is more likely to be successful. A FCE is not as effective when the referral is less collaborative and more directive. It is important to provide as much detail as possible about the potential job to the assessor. Job specific FCEs are more helpful than general assessments. The report should be accessible to all the return to work participants. Consider an FCE if 1. Case management is hampered by complex issues such as: - Prior unsuccessful RTW attempts. - Conflicting medical reporting on precautions and/or fitness for modified job. - Injuries that require detailed exploration of a worker's abilities. 2. Timing is appropriate: - Close or at MMI/all key medical reports secured. - Additional/secondary conditions clarified. Do not proceed with an FCE if - The sole purpose is to determine a worker's effort or compliance. - The worker has returned to work and an ergonomic assessment has not been arranged. (WSIB, 2003)" It is important to note in this case that both the ACOEM and ODG are equivalent in the strength of evidence hierarchy as specified by statute. The ACOEM clearly has less stringent guidelines and allows for a functional capacity evaluation when a requesting provider feels that this testing is crucial despite the potential pitfalls of such an evaluation. In the case of this injured worker, there is documentation that the requesting provider feels a functional capacity evaluation is very important. This is documented in a progress note on September 29, 2014. The patient is felt to be close to the point of maximal medical improvement, and has tried physical therapy, trigger point injections, and pain medications in the past. The patient is felt not to be a surgical candidate. There is a concomitant request for a job's demand analysis in conjunction with the FCE. Given this documentation, and the patient's persistent pain and dysfunction despite conservative measures, the request for FCE is medically necessary.