

Case Number:	CM14-0083013		
Date Assigned:	07/21/2014	Date of Injury:	03/30/2012
Decision Date:	10/01/2014	UR Denial Date:	05/13/2014
Priority:	Standard	Application Received:	06/04/2014

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 Anesthesiology, has a subspecialty in Pain Management and is licensed to practice in Tennessee. 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 is a 48-year-old male with a 3/30/12 date of injury, when he injured his back while driving a cement truck. The patient underwent lumbar fusion on 3/26/13 and had spinal hardware removal on 2/21/14. The patient was seen on 1/7/14 for the follow up visit. Exam findings revealed weight 222 pounds, blood pressure 132/81, pulse 62 and pulse-oximetry 97%. The progress note dated 1/28/14 stated that the patient was working modified duty and will be temporary disabled from 2/21/14. The patient was seen on 2/21/14 for the removal of the painful hardware from the lumbar spine. The patient complained of stiffness and 10/10 stabbing lower back pain. The exam finding revealed decreased range of motion in the lumbar spine, tenderness to palpation on paraspinal muscles and no tenderness on trapezius or rhomboid muscles. The diagnosis is status post lumbar fusion. Treatment to date: work restrictions, medications. An adverse determination was received on 5/13/14 given that there were no subjective and objective findings documented in the submitted clinical records with the request and that the patient reached plateau in his treatment for the injuries sustained as a result of the work related trauma and that the patient's job description was not documented.

IMR ISSUES, DECISIONS AND RATIONALES

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

Functional Capacity Evaluation: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation American College of Occupational and

Environmental Medicine, Chapter 7 Independent Medical Examinations and Consultations pages 132-139

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation American College of Occupational and Environmental Medicine (ACOEM), 2nd Edition, (2004) Clinical Topics, Chapter 7 : Independent Medical Examinations and Consultations (page 132-139 Official Disability Guidelines (ODG) (Fitness for Duty Chapter), FCE.

Decision rationale: CA MTUS states that there is little scientific evidence confirming that FCEs predict an individual's actual capacity to perform in the workplace; an FCE reflects what an individual can do on a single day, at a particular time, under controlled circumstances, that provide an indication of that individual's abilities. In addition, ODG states that an FCE should be considered when case management is hampered by complex issues (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, timing is appropriate (Close to or at MMI/all key medical reports secured), and additional/secondary conditions have been clarified. The patient underwent lumbar fusion on 3/26/13 and had spinal hardware removal on 2/21/14. There is a lack of documentation indicating the patient's work status and it is not clear if he had unsuccessful attempts to return to work. The notes from the employer were not available for the review. In addition, there is a lack of progress report with detailed physical examination and there is no rationale with regards to the need for Functional Capacity Evaluation (FCE). Therefore, the request for Functional Capacity Evaluation was not medically necessary.