

Case Number:	CM14-0086120		
Date Assigned:	07/23/2014	Date of Injury:	04/18/2013
Decision Date:	10/24/2014	UR Denial Date:	05/21/2014
Priority:	Standard	Application Received:	06/09/2014

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 Nevada. 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 is a 44 year-old female who was reportedly injured on 4/18/2013. The most recent progress note dated 3/26/2014, indicates that there were ongoing complaints of low back and left lower extremity pain. Physical examination demonstrated decreased range of motion of lumbar spine, paravertebral tenderness and spasm, negative straight leg raise, slight loss of sensation over the left L5 dermatome with a "stocking glove" from the left knee to the toes. A magnetic resonance image of lumbar spine reportedly showed disk bulges and left foraminal stenosis at L4/5 (report not available for this independent medical review). Previous treatment includes lumbar epidural steroid injections on 3/12/2014 and medications. A request was made for a functional capacity evaluation which was not certified in the utilization review on 5/21/2014.

IMR ISSUES, DECISIONS AND RATIONALES

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

Functional capacity evaluation times one.: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines: Fitness for Duty: Guidelines for performing Functional Capacity Evaluation

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) - Independent Medical Examinations and Consultations - Referral Issues and the IME Process - (Electronically Cited).

Decision rationale: California Medical Treatment Utilization Schedule /ACOEM practice guidelines support the use of functional capacity evaluations (FCE) when necessary to translate medical evidence of functional limitations to determine work capability. The ODG details the recommendation to consider a FCE if the patient has evidence of prior unsuccessful return to work attempts or there is conflicting medical reporting on precautions and/or fitness for a modified job or if the patient's injuries are such that require a detailed exploration of the worker's abilities. A review of the available medical records fails to document a detailed description of the claimant's current job, any outpatient physical therapy or current functional status. The guideline criteria have not been met for FCE at this point and this request is not considered medically necessary.