MAXIMUS Federal Services

Case Number:	CM14-0093680		
Date Assigned:	09/12/2014	Date of Injury:	07/10/2006
Decision Date:	10/14/2014	UR Denial Date:	06/09/2014
Priority:	Standard	Application Received:	06/20/2014

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 Illinois. 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 61 year old female who reported an injury on 05/05/2011. The mechanism of injury was continuous trauma. Diagnoses included status post microlumbar decompressive surgery on the left at L3-L4 and L4-5, and chronic thoracic spine pain. Past treatments included 24 visits of post-operative chiropractic treatment and medications. Pertinent diagnostics were not provided. Surgical history included a microlumbar decompression at the left L3-L4 and L4-L5 on 09/10/2013. The clinical note dated 02/14/2014 indicated the injured worker complained of back pain rated 3/10 which she stated had improved since the previous visit. She also reported constant tightness in the back, and occasional numbness in the left foot, but denied any radiation of pain or tingling in the legs. Physical exam revealed diminished sensation in the L5 and S1 dermatomes, and motor strength rated 5-/5 to the left lower extremity. Current medications included Norco 10/325 mg, Flexeril 7.5 mg, Prilosec 20 mg, LidoPro cream, and Terocin patches. The treatment plan included retrospective functional capacity evaluation of the lumbar spine done on 03/03/2014; the rationale for treatment was to accurately determine the injured worker's ability level. The request for authorization form was completed on 02/14/2014.

IMR ISSUES, DECISIONS AND RATIONALES

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

RETROSPECTIVE FUNCTIONAL CAPACITY EVALUATION OF THE LUMBAR SPINE DONE ON 3/3/14: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Page(s): PAGE 132-139, 137-138. Decision based on Non-MTUS Citation OFFICIAL DISABILITY GUIDELINES

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 5 Cornerstones of Disability Prevention and Management Page(s): 77-89. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Fitness For Duty, Functional capacity evaluation (FCE).

Decision rationale: The retrospective request for functional capacity evaluation of the lumbar spine done on 03/03/2014 is not medically necessary. The California MTUS/ACOEM guidelines indicate that it may be necessary to obtain a more precise delineation of patient capabilities than is available from routine physical examination. Under some circumstances, this can best be done by ordering a functional capacity evaluation of the patient. The Official Disability Guidelines recommend a functional capacity evaluation prior to admission to a work hardening program. The guidelines indicate to not proceed with a functional capacity evaluation if the sole purpose is to determine a worker's effort or compliance. The injured worker was status post microlumbar decompression at the left L3-L4 and L4-L5 on 09/10/2013, and complained of back pain rated 3/10. Physical exam revealed diminished sensation in the L5 and S1 dermatomes, and motor strength rated 5-/5 to the left lower extremity. The physician's rationale for treatment was to accurately determine the injured worker's ability level. The guidelines specifically state that a functional capacity evaluation should not be completed if the sole purpose is to determine a worker's effort or compliance. In addition, there is no indication the injured worker planned to participate in a work hardening program. Therefore, the retrospective request for functional capacity evaluation of the lumbar spine done on 03/03/2014 is not medically necessary.