

Case Number:	CM14-0215121		
Date Assigned:	01/02/2015	Date of Injury:	03/11/2014
Decision Date:	02/25/2015	UR Denial Date:	12/10/2014
Priority:	Standard	Application Received:	12/23/2014

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. 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/Service. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

The Expert Reviewer has the following credentials:

State(s) of Licensure: California

Certification(s)/Specialty: Physical Medicine & Rehabn

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 patient is a 62 year old female with the injury date of 03/11/14. Per physician's report 12/03/14, the patient has low back pain at 4/10, radiating down left hip and left thigh. The patient's low back pain has been improved with TENS unit. EMG/NCV of lower extremity from 09/26/14 reveal left-sided L5-S1 lumbar radiculopathy. The patient is taking Ibuprofen, Methoderm gel, heat therapy, 1 hour's swimming/ walking, HEP and Tens unit. Her mood has been improved with CBT sessions with a psychologist [REDACTED]. The patient is currently not working. The lists of diagnoses are: 1) Spondylolisthesis, back, acquired 2) Lumbar degenerative disc disease 3) Left hip or thigh strain 4) Lumbosacral or thoracic, neuritis or radiculitis, unspec 5) Dizziness The treater requested for "Quantitative Functional Capacity Evaluation at [REDACTED] to objectively determine potential work restrictions." The patient would also like to slowly ease back into work with 2 days at a familiar school site due to her PTSD after the DOI." Per 10/17/14 progress report, the patient has low back pain at 4/10. MRI of the lumbar from 09/25/14 reveals 1) hyperlordotic and apex leftwards rotational curvature 2) grade 1 l4-5 anterolisthesis with mild right axillary recess stenosis 3) mild inflammatory facet arthropathy on Left L5-S1. X-ray of the left hip/ femur from 09/25/14 reveals cystic lesion in left femoral neck (benign). Per 09/30/14 progress report, the patient reports depression. The treater requested 6 additional sessions of cognitive behavioral psychotherapy, to focus on resolving anger issue. The utilization review determination being challenged is dated on 12/10/14. Treatment reports were provided from 06/18/14 to 12/03/14.

IMR ISSUES, DECISIONS AND RATIONALES

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

Quantitative Functional Capacity Evaluation (QFCE): Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Functional Capacity Evaluation (FCE)

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation ACOEM Guidelines Chapter 7, Functional capacity evaluation

Decision rationale: The patient presents with pain and weakness in her lower back, radiating down left hip and left thigh. The request is for Quantitative Functional Capacity Evaluation (QFCE). MTUS does not discuss functional capacity evaluation. Regarding functional capacity evaluation, ACOEM Guidelines Chapter page 137 states, "The examiner is responsible for determining whether the impairment results in functional limitations." The employer or claim administrator may request functional ability evaluations. These assessments also may be ordered by the treating or evaluating physician, if the physician feels the information from such testing is crucial. There is no significant evidence to confirm that FCEs predict an individual's actual capacity to perform in a workplace. ACOEM guidelines do not support FCE to predict an individual's work capacity. ACOEM supports FCE if asked by the administrator, employer, or if it is deemed crucial. In this case, the treater requested QFCE as the patient is to objectively determine potential work restrictions. FCE is not requested by administrator nor employer. The request IS NOT medically necessary.