

Case Number:	CM14-0215343		
Date Assigned:	01/02/2015	Date of Injury:	04/16/2014
Decision Date:	03/03/2015	UR Denial Date:	12/08/2014
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, Hawaii
 Certification(s)/Specialty: Physical Medicine & Rehabilitation

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 IW is a 50 year old man who injured his low back while restraining a a person at work. He was eventually diagnosed with a left sided L5-S1 radiculopathy and spondylolisthesis at L5-S1. Physical exam was significant for 4/5 left hip flexion and knee flexion, decreased lumbar ROM and pain with movement. He has been referred to spine surgery. Diagnoses:1. HNP. 2. Sprain/strain lumbar spine. 3. Sprain strain cervical spine. Request for functional capacity evaluation was denied because CA MTUS and ACOEM do not support the use of FCE.

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: Decision based on MTUS Chronic Pain Treatment Guidelines.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation ACOEM, chapter 7

Decision rationale: The patient presents with chronic, constant, lower back pain that is rated an 8/10. The current request is for a Functional Capacity Evaluation. The treating physician report

dated 9/5/14 states, "I am recommending FCE to assess his physical capabilities and aid in placing appropriate restrictions on physical activity as indicated." The MTUS Guidelines do not discuss functional capacity evaluations. ACOEM chapter 7, was not adopted into MTUS, but would be the next highest-ranked standard according to LC4610.5 (2)(B). ACOEM does not appear to support functional capacity evaluations unless the employer or claims administrator makes the request following the treating physician making work restriction recommendations. ACOEM states, "The examiner is responsible for determining whether the impairment results in functional limitations and to inform the examinee and the employer about the examinee's abilities and limitations. The physician should state whether the work restrictions are based on limited capacity, risk of harm, or subjective examinee tolerance for the activity in question. The employer or claim administrator may request functional ability evaluations, also known as functional capacity evaluations, to further assess current work capability." There is no documentation found indicating that the employer or claims administrator was challenging the physicians work restrictions and they did not request an FCE. Recommendation is for denial.