

Case Number:	CM15-0014216		
Date Assigned:	02/02/2015	Date of Injury:	10/27/2011
Decision Date:	03/23/2015	UR Denial Date:	12/26/2014
Priority:	Standard	Application Received:	01/26/2015

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, Indiana, New York
 Certification(s)/Specialty: Internal Medicine

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 33 year old female who sustained an industrial injury to her lower back, neck and shoulder on October 27, 2011. There was no mechanism of injury documented. The injured worker was diagnosed with cervical herniated nucleus pulposus with radiculopathy and lumbar herniated nucleus pulposus with radiculopathy. According to the primary treating physician's progress report on November 19, 2014 the injured worker underwent a lumbar hybrid arthroplasty in November 2011 and a cervical arthroplasty in July 2012. A cervical computed tomography (CT) on Feb 26, 2014 demonstrated post anterior interbody fusion at C5-6 and hardware at C6-7 intact and stable and a lumbar computed tomography (CT) post anterior interbody fusion at L4-5 and L5-S1 was within normal findings. The injured worker continues to experience tenderness on palpation to the cervical and lumbar areas, weakness and problems with balance. Current medications being taken were noted as Skelaxin and Percocet. Treatment modalities have consisted of acupuncture therapy, chiropractic therapy, physical therapy; trigger point injections, epidural steroid injection (ESI) to the lumbar spine, cervical epidural steroid injection (ESI) at C5-6 (March 2014) and C6-7 (April 2014) braces, ice/heat, massage therapy, transcutaneous electrical nerve stimulation (TEN's) and medication. The treating physician requested authorization for Functional Capacity Evaluation (FCE). On December 26, 2014 the Utilization Review denied certification for the Functional Capacity Evaluation (FCE). Citations used in the decision process were the Medical Treatment Utilization Schedule (MTUS), Chronic Pain Guidelines and the Official Disability Guidelines (ODG).

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: Decision based on MTUS ACOEM Page(s): Chapter 7, page 137-8.

Decision rationale: Pursuant to the ACOEM, functional capacity evaluation is not medically necessary. The guidelines state the examiner is responsible for determining whether the impairment results from functional limitations and to inform the examinee and the employer about the examinee's abilities and limitations. The physician should state whether work restrictions are based on limited capacity, risk of harm or subjective examinees tolerance for the activity in question. There is little scientific evidence confirming functional capacity evaluations to predict an individual's actual capacity to perform in the workplace. For these reasons it is problematic to rely solely upon functional capacity evaluation results for determination of current work capabilities and restrictions. In this case, the injured worker's working diagnoses are cervical pain/radiculopathy/herniated disc/sprain; and lumbar pain/herniated disc/radiculopathy/sciatica. The guidelines indicate functional capacity evaluations are recommended to translate medical impairment into functional limitations and determine work capability. There is limited documentation of the injured workers work demands for job specifications to warrant the functional capacity evaluation. Additionally, there is limited documentation. The injured worker has had prior unsuccessful return to work attempts. She has taken nonsteroidal anti-inflammatories, muscle relaxants and analgesics. She has tried three cervical injections, acupuncture, physical therapy, TENS unit, and made use of heating pad, braces, ice packs and a trigger point injection to the shoulder. Consequently, absent clinical documentation supporting a functional capacity evaluation with specifics regarding translating medical impairment into determining work capacity, functional capacity evaluation is not medically necessary.