

Case Number:	CM15-0121501		
Date Assigned:	07/02/2015	Date of Injury:	12/22/2011
Decision Date:	07/31/2015	UR Denial Date:	05/26/2015
Priority:	Standard	Application Received:	06/23/2015

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 45 year old male, who sustained an industrial injury on 12/22/2011. The injured worker was diagnosed as having low back pain and sciatica due to disc displacement of lumbar disc. Treatment to date has included lumbar spinal surgery in 2012, physical therapy, home exercise, and medications. Currently (5/19/2015), the injured worker complains of low back pain, right greater than left, with radiation to the lower extremities, right greater than left. Pain was rated 7/10. The low back pain radiated down the right leg and had now begun to radiate down the left leg to his foot. A review of symptoms was positive for generalized weakness and muscle weakness. The requested treatment included a functional capacity evaluation. The previous progress report noted that pain, weakness, and numbness were not improving with non-steroidal anti-inflammatory drugs or Norco, or even with epidural steroid injection. Exercises from prior physical therapy were also not helping. At this time, right L5-S1 laminotomy/discectomy was recommended. It was documented that he was unable to exercise or participate in physical therapy, as it worsened his symptoms.

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: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines, Chapter: Fitness for Duty, Web Edition.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation ACOEM Chapter 7, pages 137-138.

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. The guidelines indicate functional capacity evaluations are recommended to translate medical impairment into functional limitations and determine work capability. Guideline criteria functional capacity evaluations include prior unsuccessful return to work attempts, conflicting medical reporting on precautions and/or fitness for modify job, the patient is close to maximum medical improvement, and clarification any additional secondary conditions. FCEs are not indicated when the sole purpose is to determine the worker's effort for compliance with the worker has returned to work and an ergonomic assessment has not been arranged. In this case, the injured worker's working diagnoses are low back pain and sciatica due to displacement of lumbar disc; lumbar back sprain; radicular syndrome right leg; and status post lumbar laminectomy. The date of injury is December 22, 2011. The request authorization is May 18, 2015. There are no progress notes from the requesting provider (Perelman) for a functional capacity evaluation. There are no progress notes and the entire medical record from the requesting provider. As a result, there is no documentation of the current condition and whether or not a functional capacity evaluation is clinically indicated. Consequently, absent clinical documentation from the requesting provider and the entire medical record and a clinical indication and rationale for a functional capacity evaluation, functional capacity evaluation is not medically necessary.