

Case Number:	CM15-0144176		
Date Assigned:	08/05/2015	Date of Injury:	06/23/2014
Decision Date:	12/03/2015	UR Denial Date:	07/23/2015
Priority:	Standard	Application Received:	07/24/2015

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: Texas, Florida, California

Certification(s)/Specialty: Preventive Medicine, Occupational 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 51 year old female, who sustained an industrial injury on 06-23-2014. A review of the medical records indicates that the worker is undergoing treatment for lumbar spine sprain and strain, lumbar spine radiculopathy and left lower leg pain. MRI of the lumbar spine on 08-22-2014 was noted to show multilevel degenerative changes most notable at L4-L5 and L5- S1 with disc and facet disease and electromyography-nerve conduction studies on 02-18-2015 showed evidence of acute bilateral L5 and S1 lumbosacral radiculopathy. Subjective complaints (05-06-2015, 06-17-2015, 07-15-2015) included persistent low back pain radiating to the legs with numbness. Objective findings (05-06-2015, 06-17-2015, 07-15-2015) included palpable tenderness of the lumbar spine and restricted range of motion of the lumbar spine with inability to sit up straight. On 06-17-2015 the physician noted that he wanted to prepare the worker for a permanent and stationary evaluation and wanted to therefore request a functional capacity evaluation. Treatment has included Nambumetone, Naproxen and chiropractic therapy. The physician noted that there had been no response to the authorization request for functional capacity evaluation and that this was being re-requested to determine the current and future appropriateness of the required job duties for the worker as an employee. A utilization review dated 07-23-2015 non-certified a request for functional capacity evaluation (FCE) related to lumbar spine injury as an outpatient.

IMR ISSUES, DECISIONS AND RATIONALES

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

Functional capacity evaluation (FCE) related to lumbar spine injury, as as outpatient:
Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation ODG treatment integrated treatment/disability duration guidelines, fitness for duty, guidelines for performing an FCE.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Functional improvement measures. Decision based on Non-MTUS Citation ODG, back, Functional Capacity Evaluation.

Decision rationale: This claimant was injured in 2014 with a lumbar spine sprain and strain, lumbar spine radiculopathy and left lower leg pain. There is persistent low back pain radiating to the legs with numbness. The FCE was proposed to determine the current and future appropriateness of the required job duties for the worker as an employee. Chronic Pain Medical Treatment guidelines, page 48 note that a functional capacity evaluation (FCE) should be considered when necessary to translate medical impairment into functional limitations and determine return to work capacity. But, there is little scientific evidence confirming that FCEs predict an individual's actual capacity to perform in the workplace; an FCE reflects what an individual can do on a single day, at a particular time, under controlled circumstances, that provide an indication of that individual's abilities. Little is known about the reliability and validity of these tests and more research is needed. Further, the ODG notes that several criteria be met. I did not in this case find prior unsuccessful return to work attempts, or the cases' relation to being near a [REDACTED] declaration. Initial or baseline FCEs are not mentioned, as the guides only speak of them as being appropriate at the end of care. The case did not appear to meet this timing criterion. For these reasons, this request was appropriately non-certified. Therefore, the requested treatment is not medically necessary.