

Case Number:	CM15-0178731		
Date Assigned:	09/21/2015	Date of Injury:	01/10/2015
Decision Date:	10/22/2015	UR Denial Date:	08/28/2015
Priority:	Standard	Application Received:	09/11/2015

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

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 injured worker is 32 year old female, who sustained an industrial injury on January 10, 2015 and reported feeling a pop in her low back causing severe, sharp and dull pain. The injured worker is diagnosed as having lumbar or lumbosacral intervertebral disc degeneration, lumbago and psychic factors associated with diseases (classified elsewhere). Her work status is modified part time duty. Currently, the injured worker complains of constant low back pain (left greater than right) that radiates down the back of the left lower extremity into her knee. The pain is described as burning, itching, shooting and tingling and is rated at 6 on 10. The pain interferes with sleep. She reports the pain is aggravated by bending, climbing stairs and prolonged sitting, standing and walking. Her pain is relieved by ice therapy, medications (oral and topical) and stretching. Physical examinations dated June 23, 2015-August 24, 2015 revealed an altered gait favoring the right, positive straight leg raises bilaterally at 60 degrees, deep tendon reflexes are 2+ in the bilateral upper and lower extremities. In a note dated August 24, 2015 it states the injured worker has engaged in physical therapy, which has helped with her breathing, improved sleep, exercise program and stretching. A pain psychological evaluation revealed the injured worker would benefit from sessions, per the same note. The note also states she engaged in acupuncture and reported it was very helpful in "reducing inflammation and decreasing tension in muscles" and a TENS unit is efficacious for pain reduction. The note further states she is engaged in a home exercise program and is able to do housework, go for walks and shopping. Her medication regimen has included; Diclofenac, Etodolac, Flexeril, Gabapentin, Naproxen, Omeprazole and Tylenol PM ES. An MRI dated 3/13/15 revealed "significant disc degeneration

in L5-S1 with a small herniation posteriorly extending caudally", per physician note dated May 27, 2015. A note dated April 22, 2015 states the injured worker experiences pain relief from non-steroidal anti-inflammatory medications, muscle relaxants, physical therapy and home exercise program. A request for a functional capacity evaluation is denied as the recent documentation did not include "failed return to work attempts or injuries that require detail exploration of the workers abilities" per Utilization Review letter dated August 28, 2015.

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 ACOEM, ch 7, page 137-138.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Return to work.

Decision rationale: Though functional capacity evaluations (FCEs) are widely used and promoted, it is important for physicians and others to understand the limitations and pitfalls of these evaluations. Functional capacity evaluations may establish physical abilities, and also facilitate the examinee/employer relationship for return to work. However, FCEs can be deliberately simplified evaluations based on multiple assumptions and subjective factors, which are not always apparent to their requesting physician. 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. As with any behavior, an individual's performance on an FCE is probably influenced by multiple nonmedical factors other than physical impairments. For these reasons, it is problematic to rely solely upon the FCE results for determination of current work capability and restrictions. It is the employer's responsibility to identify and determine whether reasonable accommodations are possible to allow the examinee to perform the essential job activities. The patient has received a significant amount of conservative treatments without sustained long-term benefit. The patient continues to treat for ongoing significant symptoms with further plan for care without any work status changed. It appears the patient has not reached maximal medical improvement and continues to treat for chronic pain symptoms. Current review of the submitted medical reports has not adequately demonstrated the indication to support for the request for Functional Capacity Evaluation as the patient continues to actively treat. Per the ACOEM Treatment Guidelines on the Chapter for Independent Medical Examinations and Consultations regarding Functional Capacity Evaluation, there is little scientific evidence confirming FCEs' ability to predict an individual's actual work capacity as behaviors and performances are influenced by multiple nonmedical factors which would not determine the true indicators of the individual's capability or restrictions. The Functional Capacity Evaluation is not medically necessary and appropriate.