MAXIMUS Federal Services

Case Number:	CM15-0179708		
Date Assigned:	09/21/2015	Date of Injury:	12/03/2012
Decision Date:	12/16/2015	UR Denial Date:	08/25/2015
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 a 47 year old male who sustained an industrial injury on December 03, 2012. Of note, the patient has not worked since January 2012. The worker is being treated for: low back and left leg pain; lumbar disc protrusion with posterior annular tears, facet arthropathy and radiculopathy, left. Subjective: April 07, 2015, May 05, 2015, June 02, 2015, July 06, 2015, August 11, 2015, September 03, 2015 he reported complaint of "constant, moderate to severe pain described as sharp," and "numbness extending into left hip, left buttock and pain into his upper back." September 24, 2015 he reported complaint of low back pain and left leg pain. He reported no real change in symptoms since last visit. Objective: May 19, 2015 noted "symptoms have not substantially improved by emphasizing importance of core strengthening, weight management, dieting, stationary biking, elliptical machine, stretching, walking, and swimming." "Having failed conservative management including anti inflammatory, I think he is a candidate for lumbar epidural injections." April 07, 2015, ay 05, 2015, June 02, 2015, July 06, 2015, August 11, 2015, September 03, 2 015 noted lumbar spine with two plus spasm and tenderness to bilateral lumbar paraspinal muscles, positive Kemp's, bilaterally, positive SLR on the left and Yeoman's positive on the left. September 24, 2015 noted the worker ambulating freely without the aid of a cane or crutch. The lower back noted "diffuse tenderness across his lower back," with "limited, painful ROM and note of as much pain with extension and more so with flexion;" positive facet loading test. Provocative testing noted: Kemp's positive along with a SLR positive on the left. Neurological examination noted deep tendon reflexes and motor function symmetrical. "He has little decreased sensation at L4 and to a lesser degree at L5, on the left."

Diagnostic: MRI scan(s) April 02, 2014, May 19, 2015, EMG NCV July 22, 2014. Medication: May 19, 2015: anti inflammatory medication. May 05, 2015: prescribed inflammation topical compound cream, muscular topical compound cream and Ibuprofen. Treatment: pain management, specialty consultation spine May 19, 2015, neural physician June 08, 2015, home exercise program, activity modification, medications, September 24, 2015 noted POC with recommendation and request for lumbar transforaminal epidural injection. August 11, 2015 noted POC with requesting recommendation for functional improvement measure through a FCE. July 06, 2015 noted POC with request for epidural injections with note of "the patient has failed physical medicine and acupuncture therapy." The patient was declared temporarily totally disabled at this visit. On August 18, 2015 a request was made for functional improvement measure (QFCE) through a functional capacity evaluation (FCE) related to chronic lumbar pain that was noncertified by Utilization Review on August 25, 2015.

IMR ISSUES, DECISIONS AND RATIONALES

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

1 Functional improvement measure (QFCE) through functional capacity evaluation (FCE), related to chronic lumbar pain, as an outpatient: Upheld

Claims Administrator guideline: Decision based on MTUS Low Back Complaints 2004, and Chronic Pain Medical Treatment 2009.

MAXIMUS guideline: Decision based on MTUS General Approaches 2004, Section(s): Prevention, General Approach to Initial Assessment and Documentation, Initial Approaches to Treatment, Cornerstones of Disability Prevention and Management, and Chronic Pain Medical Treatment 2009, Section(s): Functional improvement measures.

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, remaining temporarily totally disabled and has not worked since January 2012. 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 1 Functional improvement measure (QFCE) through functional capacity evaluation (FCE), related to chronic lumbar pain, as an outpatient is not medically necessary or appropriate.