MAXIMUS Federal Services

Case Number:	CM15-0179777		
Date Assigned:	09/21/2015	Date of Injury:	08/07/2014
Decision Date:	10/23/2015	UR Denial Date:	08/18/2015
Priority:	Standard	Application Received:	09/14/2015

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: North Carolina
Certification(s)/Specialty: Family Practice

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 29 year old male, who sustained an industrial injury on 8-7-14. He reported pain in the cervical spine, thoracic spine, and lumbar spine. The injured worker was diagnosed as having lumbar myospasms, lumbar radiculopathy, and lumbar sprain or strain. Treatment to date has included Cortisone injections, medial branch blocks for the lumbar facet joints, acupuncture, and medication. Physical examination findings on 7-17-15 included tenderness to palpation of the lumbar paravertebral muscles and spinous processes. Muscle spasms were noted in the lumbar paravertebral muscles. Nachlas and Milgram's tests were positive bilaterally. Kemp's sign also caused pain. On 7-10-15 the injured worker was noted to have difficulties with activities of daily living including bathing, dressing, standing, sitting, squatting, walking, climbing stairs, lifting, carrying, driving, and sleep. The injured worker also had difficulty with bending, stooping, reaching, kneeling, balancing, pushing, and pulling. Currently, the injured worker complains of low back pain with radiation to the right leg. The treating physician requested authorization for 1 functional capacity evaluation. On 8-18-15 the request was non-certified; the utilization review physician noted "in this case the patient is not applying for work hardening, has not had prior unsuccessful return to work attempts, or records of a complicated medical history. There is no evidence of a specific job that the patient is considering."

IMR ISSUES, DECISIONS AND RATIONALES

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

1 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 (ODG) Fitness For Duty Functional Capacity evaluation (FCE) 2015.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) functional capacity evaluation.

Decision rationale: The California MTUS and the ACOEM do not specifically address functional capacity evaluations. Per the ODG, functional capacity evaluations (FCE) are recommended prior to admission to work hardening programs, with preference for assessments tailored to a specific job. Not recommended as a routine use as part of occupational rehab or screening or generic assessments in which the question is whether someone can do any type of job. Consider FCE: 1. Case management is hampered by complex issues such as: a. Prior unsuccessful RTW attempts. b. Conflicting medical reporting on precaution and/or fitness for modified jobs. c. Injuries that require detailed exploration of the worker's abilities. 2. Timing is appropriate. a. Close or at MMI/all key medical reports secured. b. Additional/secondary conditions clarified. There is no indication in the provided documentation of prior failed return to week attempts or conflicting medical reports or injuries that require detailed exploration of the worker's abilities. Therefore criteria have not been met as set forth by the ODG and the request is not medically necessary.