

Case Number:	CM15-0024354		
Date Assigned:	02/13/2015	Date of Injury:	07/01/2013
Decision Date:	04/03/2015	UR Denial Date:	01/23/2015
Priority:	Standard	Application Received:	02/09/2015

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:

This 43 year old female sustained an industrial injury on 7/2/13, with subsequent ongoing lumbar spine pain. Treatment included physical therapy, acupuncture and medications. In an initial pain management report dated 10/31/14, the injured worker complained of constant lumbar spine pain 4-6/10 on the visual analog scale with radiation to the right lower extremity and foot with numbness and cramping. The injured worker also complained of waking during the night and having anxiety due to pain. Physical exam was remarkable for tenderness to palpation in the thoracic and lumbar spine with spasms and diminished range of motion to the lumbar spine. Current diagnoses included lumbar sprain, thoracic sprain, anxiety, insomnia and thoracic or lumbosacral neuritis or radiculitis. The treatment plan included a Multi Stimulation Unit, an Aqua Relief System, magnetic resonance imaging lumbar spine, an electromyography/nerve conduction velocity test of bilateral lower extremities, acupuncture once a week for 4 weeks, chiropractic therapy twice a week for 4 weeks, functional activities twice a week for 4 weeks, a psychological pain consultation and functional capacity testing. On 1/23/15, Utilization Review non-certified a request for a functional capacity evaluation, noting lack of sufficient documentation supporting the need for and evaluation and citing ACOEM and ODG Guidelines. As a result of the UR denial, an IMR was filed with the Division of Workers Comp.

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 ,Chapter 7, Independent Medical Examinations and Consultation, pages 132-139.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation ACOEM guidelines Chapter 7 p137-139 has the following regarding functional capacity evaluations.

Decision rationale: This patient presents with chronic low back pain with radiation of pain into the lower extremity. The current request is for FUNCTIONAL CAPACITY EVALUATION. ACOEM Guidelines Chapter page 137 states, "The examiner is responsible for determining whether the impairment results in functional limitations" The employer or claim administrator may request functional ability evaluations. These assessments also may be ordered by the treating or evaluating physician, if the physician feels the information from such testing is crucial. "There is no significant evidence to confirm that FCEs predict an individual's actual capacity to perform in a workplace." ODG Fitness For Duty, Low Back - Lumbar & Thoracic (Acute & Chronic) chapter, under Functional capacity evaluation (FCE) states:"Recommended prior to admission to a Work Hardening (WH) Program, with preference for assessments tailored to a specific task or job. Not recommend 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 generally." ACOEM supports FCE if asked by the administrator, employer, or if it is deemed crucial. Functional capacity evaluations are recommended by ODG guidelines as a prerequisite to work hardening programs designed to return a patient to the workforce. ACOEM guidelines do not support FCE to predict an individual's work capacity, and it does not appear that the request is being made by the employer or the claims administrator. Therefore, the request IS NOT medically necessary.