

Case Number:	CM15-0033338		
Date Assigned:	02/26/2015	Date of Injury:	08/21/2013
Decision Date:	05/29/2015	UR Denial Date:	02/02/2015
Priority:	Standard	Application Received:	02/23/2015

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 33 year old female, who sustained an industrial injury on 08/21/2013. The initial complaints or symptoms included lumbar/low back pain as a result of a fall. The injured worker was diagnosed as having lumbar strain/sprain. Treatment to date has included conservative care, medications, conservative therapies, x-rays, MRIs, and electrodiagnostic testing. Currently, the injured worker complains of increased lumbar spine pain (rated 10/10 on average). Several documents within the submitted medical records are difficult to decipher. The diagnoses include lumbar spine strain/sprain, lumbar spinal stenosis, displacement of lumbar intervertebral disc without myelopathy, and thoracic or lumbosacral neuritis or radiculitis. The treatment plan consisted of a functional capacity evaluation (denied), range of motion testing, urine drug testing, x-rays of the lumbar spine, and pain management consultation.

IMR ISSUES, DECISIONS AND RATIONALES

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

Functional capacity eval final: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

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: The patient was injured on 08/21/13 and presents with lumbar spine pain. The request is for a FUNCTIONAL CAPACITY EVALUATION FINAL. There is no RFA provided and the patient is on modified work duty with limited lifting, pushing, and pulling (no more than 10 lbs). The report with the request is not provided, nor do any of the reports provided discuss this request. MTUS does not discuss functional capacity evaluations. Regarding functional capacity evaluation, ACOEM guidelines page 137, "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 maybe ordered by the treating or evaluating physician if the physician feels the information from such testing is crucial. There are no significant events to confirm that FCEs predict an individual's actual capacity to perform in a workplace."The reason for the request is not provided. It is unknown if the request is from the employer or the treater. There are no discussions provided regarding the goals of a functional capacity evaluation. ACOEM supports FCE if asked by the administrator, employer, or if it is deemed crucial. Per ACOEM, there is lack of evidence that FCEs predict the patient's actual capacity to work. The requested functional capacity evaluation IS NOT medically necessary.