

Case Number:	CM15-0062878		
Date Assigned:	04/09/2015	Date of Injury:	02/14/2014
Decision Date:	05/08/2015	UR Denial Date:	03/26/2015
Priority:	Standard	Application Received:	04/02/2015

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, Indiana, New York
Certification(s)/Specialty: Internal Medicine

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 44-year-old male, who sustained an industrial injury on 02/14/2014. The initial complaints or symptoms included neck and low back pain due to cumulative trauma. The initial diagnoses were not mentioned in the clinical notes. Treatment to date has included conservative care, medications, conservative therapies, x-rays, MRIs, and electrodiagnostic testing. Per the progress report dated 12/11/2014, the injured worker complains of continued pain and that the naproxen is helping. The diagnoses include lumbago, lumbar strain/sprain, and spinal stenosis in the cervical region. The treatment plan consisted of referral to a spine surgeon for further evaluation, and management and continued medications and conservative care. The progress report/request for authorization concerning the functional capacity evaluation was not found in the clinical records submitted.

IMR ISSUES, DECISIONS AND RATIONALES

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

Functional capacity evaluation for the lumbar spine: 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) - Functional capacity evaluation.

MAXIMUS guideline: Decision based on MTUS ACOEM Page(s): Chapter 7, Pages 137-8.

Decision rationale: Pursuant to the ACOEM, functional capacity evaluation lumbar spine is not medically necessary. The guidelines state the examiner is responsible for determining whether the impairment results from functional limitations and to inform the examinee and the employer about the examinee's abilities and limitations. The physician should state whether work restrictions are based on limited capacity, risk of harm or subjective examinees tolerance for the activity in question. There is little scientific evidence confirming functional capacity evaluations to predict an individual's actual capacity to perform in the workplace. For these reasons, it is problematic to rely solely upon functional capacity evaluation results for determination of current work capabilities and restrictions. The guidelines indicate functional capacity evaluations are recommended to translate medical impairment into functional limitations and determine work capability. Guideline criteria functional capacity evaluations include prior unsuccessful return to work attempts, conflicting medical reporting on precautions and/or fitness for modify job, the patient is close to maximum medical improvement, and clarification any additional secondary conditions. FCEs are not indicated when the sole purpose is to determine the worker's effort for compliance with the worker has returned to work and an ergonomic assessment has not been arranged. In this case, the injured worker's working diagnoses are lumbago; sprain/strain and lumbar spine; and spinal stenosis cervical. The request for authorization is dated March 9, 2015. There is no documentation in the medical record from the requesting physician. The most recent progress note is dated December 11, 2014 (by other treating providers). The utilization review references a February 2015 progress note (not present in the medical record). Utilization review discusses no prior unsuccessful return to work attempts. The guidelines indicate functional capacity evaluations are recommended to translate medical impairment into functional limitations and determine work capability. There is no documentation regarding translation of medical impairment to functional limitations and work capability. Consequently, absent clinical documentation by the requesting physician for a functional capacity evaluation with attempted return to work attempts and evidence of maximal medical improvement, a functional capacity evaluation for the lumbar spine is not medically necessary.