

Case Number:	CM15-0063315		
Date Assigned:	04/09/2015	Date of Injury:	09/15/2013
Decision Date:	05/12/2015	UR Denial Date:	03/13/2015
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: Montana

Certification(s)/Specialty: Preventive Medicine, Occupational 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 was a 35 year old female CNA, who sustained an industrial injury on September 15, 2013 when she slipped and fell. The injured worker was diagnosed with thoracic or lumbosacral neuritis or radiculopathy not otherwise specified, lumbago, lumbar disc displacement without myelopathy and lumbar or lumbosacral disc degeneration. Electro-diagnostic studies of the left lower extremity were normal. Treatment has included medications, acupuncture, chiropractic, physical therapy with home exercise program, TENS and left L4-5 and L5-S1 epidural steroid injections. Current medications include Senna Laxative, Cymbalta, fenoprofen calcium and omeprazole. According to progress note of February 26, 2015, the injured workers chief complaint was lower back pain with left lower extremity pain and tailbone pain. The pain was rated 5 out of 10 with 0 being no pain and 10 being the worse pain possible. The pain was characterized with aching, burning, shooting and throbbing. The physical exam noted restricted range of motion due to pain. The spinous process tenderness on L5, lumbar facet loading was positive on both sides. A Functional Restoration Program was completed on 2/6/15. The treatment plan included a functional capacity evaluation.

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 Independent Medical Examinations and Consultations Chapter (ACOEM Practice Guidelines, 2nd Edition (2004), Chapter 7), pages 137 - 138.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation American College of Occupational and Environmental Medicine (ACOEM), 2nd Edition, (2004), Chapter 7, Independent Medical Examinations and Consultations, pages 137-138 Official Disability Guidelines (ODG), Functional capacity evaluations Rationale for Decision.

Decision rationale: The ACOEM guidelines note that the examiner is responsible for determination of functional limitations and informing the injured worker and employer about work abilities and limitations. A functional capacity evaluation (FCE) may be requested to further evaluate current work capacity. Though functional capacity evaluations 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 examine/employer relationship for return to work. There is little scientific evidence confirming that functional capacity evaluations 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 individuals abilities. The FCE is probably influenced by multiple nonmedical factors other than physical impairment. For these reasons it is problematic to rely solely upon the FCE results for determination of current work capability and restrictions. The ODG guidelines note that FCEs are 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. Guidelines for performing an FCE: Recommended prior to admission to a Work Hardening (WH) Program, with preference for assessments tailored to a specific task or job. If a worker is actively participating in determining the suitability of a particular job, the FCE is more likely to be successful. A FCE is not as effective when the referral is less collaborative and more directive. It is important to provide as much detail as possible about the potential job to the assessor. Job specific FCEs are more helpful than general assessments. The report should be accessible to all the return to work participants. Consider an FCE if 1) Case management is hampered by complex issues such as: Prior unsuccessful RTW attempts. Conflicting medical reporting on precautions and/or fitness for modified job. Injuries that require detailed exploration of a worker's abilities. 2) Timing is appropriate: Close or at MMI/all key medical reports secured. Additional/secondary conditions clarified. Do not proceed with an FCE if the sole purpose is to determine a worker's effort or compliance. The worker has returned to work and an ergonomic assessment has not been arranged. (WSIB, 2003) In this case there are work restrictions placed for no lifting greater than 5 pounds and no standing greater than 1 hour with frequent changes in position recommended. FCEs are preferred for assessments tailored to a specific task or job. In this case there is no job description available. No complex issues are identified as noted in the above guidelines. FCEs are not recommended to assist with impairment rating. There is not adequate documentation to support an FCE as noted in the above guidelines. The request for functional capacity evaluation is not medically necessary.

