MAXIMUS Federal Services

Case Number:	CM15-0064924		
Date Assigned:	04/13/2015	Date of Injury:	01/13/2014
Decision Date:	05/19/2015	UR Denial Date:	03/24/2015
Priority:	Standard	Application Received:	04/06/2015

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; with a reported date of injury of 01/13/2014.The diagnoses include lumbar intervertebral disc degeneration and lumbosacral neuritis. Treatments to date have included an MRI of the lumbar spine, physical therapy, chiropractic treatment, x-rays of the lumbar spine, acupuncture, electrodiagnostic studies of the lower extremities, a transcutaneous electrical nerve stimulation (TENS) unit, oral medications, and a home exercise program. The medical report dated 02/20/2015 indicates that the injured worker complained of low back pain. Her pain has caused emotional distress with depression or anxiety some of the time. On average during the past week, her pain was rated 6 out of 10; at its worst, her pain during the past week, rated 8 out of 10. The physical examination showed tenderness to palpation of the lumbar spine, positive bilateral straight leg raise, a good gait, a normal sensory examination, and no spasm, sciatic tract irritation, or sacroiliac joint tenderness. The treating physician requested 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 (FCE): Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines.

MAXIMUS guideline: Decision based on MTUS ACOEM Page(s): Chapter 7, Independent Medical Examinations and Consultations, page(s) 137-138.

Decision rationale: The patient has received a significant amount of conservative treatments without sustained long-term benefit. The patient underwent recent open shoulder surgery and continues to treat for ongoing significant symptoms with further plan for diagnostic along epidural injection interventions, remaining temporarily totally disabled without return to any form of modified work. It appears the patient has not reached maximal medical improvement and continues to treat for chronic pain symptoms. Current review of the submitted medical reports has not adequately demonstrated the indication to support for the request for Functional Capacity Evaluation as the patient continues to actively treat and is disabled. Per the ACOEM Treatment Guidelines on the Chapter for Independent Medical Examinations and Consultations regarding Functional Capacity Evaluation, there is little scientific evidence confirming FCEs' ability to predict an individual's actual work capacity as behaviors and performances are influenced by multiple nonmedical factors which would not determine the true indicators of the individual's capability or restrictions. The Functional Capacity Evaluation (FCE) is not medically necessary and appropriate.