

Case Number:	CM15-0073841		
Date Assigned:	04/23/2015	Date of Injury:	08/30/2005
Decision Date:	05/21/2015	UR Denial Date:	04/06/2015
Priority:	Standard	Application Received:	04/17/2015

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 8/30/05. The injured worker has complaints of temporomandibular joint syndrome (TMJ) pain; neck pain going into both arms with tingling and interscapular pain. The diagnoses have included cervical radiculopathy and lumbar radiculopathy. Treatment to date has included lumbar fusion surgeries times two in 2006 and 2009; surgical hardware removal; epidural injections; magnetic resonance imaging (MRI) of the lumbar spine and electromyography/nerve conduction study of the lower extremities. The request was for function capacity evaluation.

IMR ISSUES, DECISIONS AND RATIONALES

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

Function capacity evaluation: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines. Decision based on Non-MTUS Citation Official Disability Guidelines - Treatment for Workers' Compensation (ODG-TWC) Fitness for Duty Procedure Summary last updated 03/26/2014.

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

Decision rationale: Pursuant to the ACOEM, functional capacity evaluation 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, injured worker's working diagnoses are posttraumatic cephalgia; TMJ pain; cervical radiculopathy; thoracic radiculopathy; status post two lumbar fusion surgeries and hardware removal; radicular Lumbar pain with features of sympathetically mediated pain; chest pain; sleep impairment; sexual dysfunction; and emotional distress. The request for authorization is dated March 24, 2015 the most recent progress note in the medical record is dated January 13, 2015. There are no contemporaneous notes on or about March 24, 2015 in the medical record for review. The discussion and recommendation section of the January 13, 2015 progress note shows the treating provider started the injured worker, who was not currently taking any medications, on Opana, Flexeril and Tegretol. The injured worker was also given three transdermal compounds. The treating provider is also ordering a comparative lumbar spine MRI, aquatic therapy, acupuncture treatments, a home interferential unit and plain lumbar radiographs and a CAT scan of the lumbar spine and EMG/nerve conduction velocity studies. FCEs are not indicated when the sole purpose is to determine the worker's effort for compliance. The guidelines indicate functional capacity evaluations are recommended to translate medical impairment into functional limitations and determine work capability. There is no discussion in the medical record of an imminent return to work or discussion of potential work-related duties. 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. Based on the clinical information in the medical record and the peer-reviewed evidence-based guidelines, a functional capacity evaluation is not medically necessary.