

Case Number:	CM15-0076939		
Date Assigned:	04/28/2015	Date of Injury:	06/11/2012
Decision Date:	05/26/2015	UR Denial Date:	04/16/2015
Priority:	Standard	Application Received:	04/22/2015

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 female, who sustained an industrial injury on June 11, 2012, incurring low back injuries after repetitive, bending and lifting. She was diagnosed with lumbosacral disc disease with severe stenosis. Treatment included anti-inflammatory drugs, pain medications, and surgery. Currently, the injured worker complained of lower back pain radiating down the lower extremities. The treatment plan that was requested for authorization included a HELP (Functional Capacity Evaluation) for the low back.

IMR ISSUES, DECISIONS AND RATIONALES

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

HELP (Functional Capacity Evaluation) x1, full day - low back: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Functional Restoration Programs Page(s): 30-34.

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

Decision rationale: Pursuant to the ACOEM, HELP functional capacity evaluation times one full day - low back 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 diagnosis is lumbosacral disc disease with severe stenosis. The medical record contains 31 pages. The requesting physician is a [REDACTED]. [REDACTED] does not have any medical documentation in the 31 page medical record. There is an EMG, a progress note dated November 1, 2012 and a qualified medical examination (QME) dated October 14, 2014 performed by an urgent care physician. There is no clinical indication or rationale in the medical record for a functional capacity evaluation. The guidelines indicate functional capacity evaluations are recommended to translate medical impairment into functional limitations and determine work capability. There is no discussion of return to work in the medical record. 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. Consequently, absent clinical documentation with a clinical indication/rationale from the requesting physician (for the FCE) with insufficient documentation, HELP functional capacity evaluation times one full day - low back is not medically necessary.