MAXIMUS Federal Services

Case Number:	CM15-0090273		
Date Assigned:	05/14/2015	Date of Injury:	10/11/2012
Decision Date:	06/22/2015	UR Denial Date:	04/27/2015
Priority:	Standard	Application Received:	05/11/2015

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, Pain Management

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 31 year old male, who sustained an industrial injury to the thoracic spine with pain radiating to the chest on 10/11/2012. Documented treatments and diagnostic testing to date has included conservative care, medications, x-rays, MRIs, conservative therapies, and epidural steroid injections. Currently, the injured worker complains of neck and trapezial aching and stiffness without radiating pain. Pertinent objective findings include diffuse tenderness in the paraspinal musculature of the thoracic and lumbar spines, tenderness in the right parascapular region, and positive Spurling's test bilaterally. Recent radiographs pedicle shadows intact, unremarkable SI and hip joints, preserved disc height, and normal lordosis. The injured worker's work status was noted to be full duty without restrictions. The injured worker was weaned off his narcotic medications and is currently being treated with ibuprofen only. Relevant diagnoses include lumbosacral strain, thoracic strain, herniated nucleus pulposus at C5-6, and central protrusion at L5-S1. The request for authorization includes functional capacity evaluation for the cervical spine, lumbar spine and shoulder.

IMR ISSUES, DECISIONS AND RATIONALES

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

FCE cervical spine, lumbar spine and shoulder: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 5 Cornerstones of Disability Prevention and Management Page(s): 81. Decision based on Non-MTUS Citation Official Disability Guidelines Functional Capacity Evaluations.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Fitness for Duty Chapter, Functional Capacity Evaluation American College of Occupational and Environmental Medicine (ACOEM), 2nd Edition, (2004) Chapter 7, Pages 137-138.

Decision rationale: Regarding request for functional capacity evaluation, Occupational Medicine Practice Guidelines state that there is not good evidence that functional capacity evaluations are correlated with a lower frequency of health complaints or injuries. ODG states that functional capacity evaluations are recommended prior to admission to a work hardening program. The criteria for the use of a functional capacity evaluation includes case management being hampered by complex issues such as prior unsuccessful return to work attempts, conflicting medical reporting on precautions and/or fitness for modified job, or injuries that require detailed explanation of a worker's abilities. Additionally, guidelines recommend that the patient be close to or at maximum medical improvement with all key medical reports secured and additional/secondary, conditions clarified. Within the documentation available for review, there is no indication that the patient has reached maximum medical improvement, as the patient continue to have significant pain despite treatments as documented on 4/27/2015. Furthermore, there has been no documentation regarding prior unsuccessful return to work attempts, conflicting medical reporting. In the absence of clarity regarding those issues, the currently requested functional capacity evaluation is not medically necessary.