

Case Number:	CM15-0098939		
Date Assigned:	06/01/2015	Date of Injury:	01/28/2012
Decision Date:	07/07/2015	UR Denial Date:	05/05/2015
Priority:	Standard	Application Received:	05/22/2015

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, Hawaii
 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 62-year-old male who sustained an industrial injury on 1/28/12. The injured worker was diagnosed as having lumbar discopathy, magnetic resonance imaging evidence of moderate to severe stenosis at L4-L5 and L5-S1 bilaterally and lumbar radiculopathy. Currently, the injured worker was with complaints of pain in the neck, lower back with radiation to the bilateral lower extremities. Previous treatments included status post effusion/laminectomy, activity modification and medication management. Previous diagnostic studies included a magnetic resonance imaging. Physical examination was notable for paralumbar musculature tenderness and muscle spasms. The plan of care was for 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: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 48.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation ACOEM guidelines, Chapter 7, p 137-139.

Decision rationale: According to the attending physician report dated 4/19/15, the patient has ongoing moderate to severe low back pain with radiation into the lower extremities and neck pain. He is working and performing sedentary work only. Regarding Functional/Capacity Evaluation, ACOEM Guidelines page 137 states, "The examiner is responsible for determining whether the impairment results in functional limitations. The employer or claim administrator may request functional ability evaluations. These assessments also may be ordered by the treating or evaluating physician, if the physician feels the information from such testing is crucial...There is little scientific evidence confirming that FCEs predict an individual's actual capacity to perform in the workplace." A formal FCE should be reserved for those patients who have reached maximum medical improvement, or permanent and stationary status with treatment, to assess for permanent work restrictions and whole person impairment. In this case, the treating physician does not explain why FCE is crucial, and it is not requested by the employer or the claims administrator. The FCE does not predict the patient's actual capacity to perform in the workplace. The current request is therefore not medically necessary.