

Case Number:	CM14-0142889		
Date Assigned:	09/10/2014	Date of Injury:	03/23/2013
Decision Date:	10/15/2014	UR Denial Date:	09/03/2014
Priority:	Standard	Application Received:	09/03/2014

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. The expert reviewer is Board Certified in Internal Medicine, has a subspecialty in Pulmonary Diseases and is licensed to practice in California. 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/services. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

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 41 year old male who reported an injury on 03/23/2013. The mechanism of injury was not provided. His diagnoses included back ache and degenerative disc disease. His past treatments have included medications, physical therapy, aquatic therapy, chiropractic therapy, and injections. The diagnostic testing included an MRI of the lumbar spine, which was noted to reveal L4-5 and L5-S1 facet hypertrophy. There was also multilevel foraminal narrowing. There were no relevant surgeries documented. On 08/20/2014, the injured worker complained of low back pain and rated it a 5-6/10 on a pain scale with medications. He reported his pain is a 7-8/10 without medications. The injured worker reported completion of his sessions of chiropractic therapy and noted modestly improved range of motion. Upon physical examination, the injured worker was noted to have limited range of motion to the lumbar spine in all planes. The range of motion was noted to be forward flexion at 40 degrees, right lateral bend at 15 degrees, and left lateral bend at 25 degrees. His medications were listed at Norco, naproxen, and orphenadrine. The treatment plan was to continue wrist brace at night only, a request for 8 additional chiropractic therapy sessions, to refill medications, and to request a functional capacity evaluation to determine long term work restrictions given persistent back and upper extremity deficits and carrier denial of definitive treatment. The Request for Authorization form was not submitted for review.

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 ACOEM Page(s): 132-139.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 2 General Approach to Initial Assessment and Documentation Page(s): 21-22. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Fitness for Duty, Functional capacity evaluation (FCE).

Decision rationale: The request for Functional Capacity Evaluation is not medically necessary. The California MTUS/ACOEM Guidelines recommend considering the use of a functional capacity evaluation when necessary to translate medical impairment into functional limitations and determine work capability. The Official Disability Guidelines recommend a functional capacity evaluation prior to admission to a work hardening program when the injured worker is close or at maximum medical improvement. The guidelines do not recommend proceeding with a functional capacity evaluation if the sole purpose is to determine a worker's effort or compliance. The injured worker was noted to have low back pain, and completed 6 sessions of chiropractic therapy with modestly improved range of motion. The provider recommended a functional capacity evaluation to assess for long-term work restrictions. There is no indication of a plan to begin a work hardening program. There is no indication the injured worker was approaching maximum medical improvement. Therefore, the request is not medically necessary.