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**Notice of Independent Medical Review Determination**

Dated: 10/3/2013

[REDACTED]

[REDACTED]

Employee:	[REDACTED]
Claim Number:	[REDACTED]
Date of UR Decision:	7/3/2013
Date of Injury:	3/3/2013
IMR Application Received:	7/16/2013
MAXIMUS Case Number:	CM13-0001621

- 1) MAXIMUS Federal Services, Inc. has determined the request for a functional capacity evaluation for the lumbar spine **is medically necessary and appropriate.**

## INDEPENDENT MEDICAL REVIEW DECISION AND RATIONALE

An application for Independent Medical Review was filed on 7/16/2013 disputing the Utilization Review Denial dated 7/3/2013. A Notice of Assignment and Request for Information was provided to the above parties on 7/18/2013. A decision has been made for each of the treatment and/or services that were in dispute:

- 1) MAXIMUS Federal Services, Inc. has determined the request for a functional capacity evaluation for the lumbar spine **is not medically necessary and appropriate.**

### **Medical Qualifications of the Expert Reviewer:**

The independent Medical Doctor who made the decision has no affiliation with the employer, employee, providers or the claims administrator. The physician reviewer is Board Certified in Physical Medicine and Rehabilitation, 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 treatments and/or services at issue.

### **Case Summary:**

Disclaimer: The following case summary was taken directly from the utilization review denial/modification dated July 3, 2013:

“Dr. [REDACTED] provides his initial evaluation dated 6/5/13. He notes that the claimant was injured on 3/3/13. He notes that the claimant stepped back, tripped over a pipe and fell onto his buttocks and back. He claims to have injured his neck and lower back with the fall. It is noted that the claimant was subsequently examined by medical personnel, had x-rays and MRIs taken of his cervical and lumbar spine. He was given medications and was returned to light duties. Subsequently the claimant was referred to [REDACTED] where he had additional x-rays taken of his lower back and neck. He had additional medications prescribed, was provided with and an exercise kit and had six physical therapy sessions and was returned to light duty. Dr. [REDACTED] notes that the claimant is complaining of headache, neck pain and lower back pain. His examination notes that the claimant has mild decrease of the cervical and lumbar spine, which would be consistent with the degenerative changes noted on the cervical and lumbar MRIs noted in the documentation. There was a nondisplaced fracture of the coccyx noted on previous x-ray and MRI. Dr. [REDACTED] notes that the claimant has tenderness over the paralumbar and paracervical musculature. There is no indication of any reproduction of radicular component with orthopedic testing in either cervical or lumbar spine.”

### **Documents Reviewed for Determination:**

The following relevant documents received from the interested parties and the documents provided with the application were reviewed and considered. These documents included:

- Application for Independent Medical Review (received 7/16/2013)
- Utilization Review from [REDACTED] (dated 7/3/2013)

- Medical records from the claims administrator
- Medical Treatment Utilization Schedule (MTUS)

**1) Regarding the request for a functional capacity evaluation for the lumbar spine:**

Medical Treatment Guideline(s) Relied Upon by the Expert Reviewer to Make His/Her Decision:

The Claims Administrator based its decision on the American College of Occupational and Environmental Medicine (ACOEM) Guidelines, 2<sup>nd</sup> Edition (2004), Chapter 12, Table 2, which is part of the California Medical Treatment Utilization Schedule (MTUS). The provider did not dispute the guidelines used by the Claims Administrator. The Expert Reviewer determined that the MTUS does not address the issue in dispute. The Expert Reviewer relied on the Official Disability Guidelines (ODG), Fitness for Duty Chapter, Functional Capacity Evaluation section, which is a medical treatment guideline (MTG) that is not part of the MTUS.

Rationale for the Decision:

The employee sustained a work related injury on 3/3/2013 to the back and upper neck. Medical records submitted for review indicate headache, neck pain, lower back pain, tenderness, and confirmed non-displaced fracture of the coccyx. Treatment has included diagnostic imaging, physical therapy, cryotherapy, orthopedic evaluation, work restrictions, and medication management. The request is for a functional capacity evaluation for the lumbar spine.

The ODG indicates that a functional capacity evaluation is recommended after admission to a work hardening program. The medical records submitted for review do not show that the employee was or will be enrolled in a work hardening program, and do not include a functional assessment. The documentation submitted does not support the request. The request for a functional capacity evaluation for the lumbar spine is not medically necessary and appropriate.

**Effect of the Decision:**

The determination of MAXIMUS Federal Services and its physician reviewer is deemed to be the final determination of the Administrative Director, Division of Workers' Compensation. With respect to the medical necessity of the treatment in dispute, this determination is binding on all parties.

In accordance with California Labor Code Section 4610.6(h), a determination of the administrative director may be reviewed only if a verified appeal is filed with the appeals board for hearing and served on all interested parties within 30 days of the date of mailing of the determination to the employee or the employer. The determination of the administrative director shall be presumed to be correct and shall be set aside only upon proof by clear and convincing evidence of one or more of the grounds for appeal listed in Labor Code Section 4610.6(h)(1) through (5).

Sincerely;

Richard C. Weiss, MD, MPH, MMM, PMP  
Medical Director

cc: Department of Industrial Relations  
Division of Workers' Compensation  
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Disclaimer: MAXIMUS is providing an independent review service under contract with the California Department of Industrial Relations. MAXIMUS is not engaged in the practice of law or medicine. Decisions about the use or nonuse of health care services and treatments are the sole responsibility of the patient and the patient's physician. MAXIMUS is not liable for any consequences arising from these decisions.