

**MAXIMUS FEDERAL SERVICES, INC.**

Independent Medical Review  
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**Notice of Independent Medical Review Determination**

Dated: 10/28/2013

[REDACTED]

[REDACTED]

Employee:	[REDACTED]
Claim Number:	[REDACTED]
Date of UR Decision:	7/5/2013
Date of Injury:	3/17/2008
IMR Application Received:	7/25/2013
MAXIMUS Case Number:	CM13-0003564

- 1) MAXIMUS Federal Services, Inc. has determined the request for Functional Capacity Evaluation **is not medically necessary and appropriate.**

## INDEPENDENT MEDICAL REVIEW DECISION AND RATIONALE

An application for Independent Medical Review was filed on 7/25/2013 disputing the Utilization Review Denial dated 7/5/2013. A Notice of Assignment and Request for Information was provided to the above parties on 8/1/2013. 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 Functional Capacity Evaluation **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 Orthopedic Surgery 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:**

The utilization Review determination did not contain a case summary.

### **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 on 07/26/2013
- Utilization Review Determination from [REDACTED] (dated 07/05/2013)
- Employee medical records from the claims administrator
- Medical Treatment Utilization Schedule (MTUS)

### **1) Regarding the request for Functional Capacity Evaluation:**

#### Section of the Medical Treatment Utilization Schedule 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), 2<sup>nd</sup> Edition, (2004)(Low Back), which is part of the (MTUS). The Expert Reviewer based his/her decision on the MTUS/ACOEM Guidelines, Cornerstones of Disability Prevention and Management, Page(s) 89-92.

#### Rationale for the Decision:

The employee sustained an injury on 03/17/2008. Medical records provided for review indicate that the employee initially strained the low back while using a bucket to remove material from a Gator. Diagnoses include lumbar radiculitis

and right lumbar strain with notes indicating that the employee has completed an extensive course of physical therapy, chiropractic therapy, epidural steroid injection, and pain management. Furthermore, notes indicate that MRIs were requested for the cervical and lumbar spine, as well as EMG and NCV studies of the bilateral lower extremities, all of which were non-certified. The current request is for a Functional Capacity Evaluation.

The California MTUS Guidelines indicate the first step in managing delayed recovery is to document the individual's current state of functional ability (including activities of daily living) and the recovery trajectory to date as a time line. A number of functional assessment tools are available, including functional capacity exams and videotapes. Consideration may be given for an functional capacity evalutaion if the injuries of the individual require detailed exploration of the patient's abilities. While the documentation submitted for review indicates the employee to have a significant history of lumbar strain with notes indicating the employee has had an extensive course of physical therapy, chiropractic treatment, epidural steroid injections, and pain management, there is a lack of documentation indicating prior unsuccessful return to work attempts, documentation to indicate that the employee is close to or at MMI, or to indicate that the employee's injuries are such that a detailed exploration of the employee's abilities is required. The request for a functional capacity evaluation **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  
1515 Clay Street, 18<sup>th</sup> Floor  
Oakland, CA 94612

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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.