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| Case Number: | CM13-0010143 | | |
| Date Assigned: | 12/27/2013 | Date of Injury: | 12/02/2012 |
| Decision Date: | 02/28/2014 | UR Denial Date: | 07/31/2013 |
| Priority: | Standard | Application Received: | 08/16/2013 |

HOW THE IMR FINAL DETERMINATION WAS MADE

MAXIMUS Federal Services sent the complete case file to a physician reviewer. He/she has no affiliation with the employer, employee, providers or the claims administrator. The physician reviewer is Board Certified in Family Practice, has a subspecialty in Pain Medicine 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 physician 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 patient is a 60 year old female beneficiary who sustained a work injury after a colleague fell on her on 12/2/12, which resulted in low back pain with lumbar spondylitis/radiculitis and cervical pain. She had undergone work hardening through rehabilitation specialists. A prior evaluation on 5/21/13 she demonstrated that she can push up to 20 lbs. on the right arm and 26 lbs. on the left arm. She had been off of work since her injury but resumed work on June 4, 2013 with restrictions of no lifting, pulling or pushing greater than 15 lbs. She was unable to do heavier tasks. An August 8, 2013 report from pain specialists indicated that her neck and back range of motion were restricted and she had 2/10 pain while on opiates. A functional evaluation was requested to along with 12 more sessions of work hardening. A functional evaluation performed on 9/19/13 and was determined to be in the 78% percentile for daily activities and 80% work and leisure.

IMR ISSUES, DECISIONS AND RATIONALES

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

a functional capacity evaluation: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 311.

Decision rationale: According to the MTUS guidelines algorithm 12-2 on low back pain, recommended activities to avoid debilitation and support to return to modified work duty are recommended for follow-up visits. The functional assessment and ability to push, lift, pull, etc has been noted on prior visits. Accordingly, work modification has been provided within the patient's safe limits. There is no further medical necessity for the authorization of a functional capacity evaluation and is not recommended /supported by the guidelines as well.