

Case Number:	CM13-0020457		
Date Assigned:	10/11/2013	Date of Injury:	09/14/2009
Decision Date:	01/10/2014	UR Denial Date:	08/14/2013
Priority:	Standard	Application Received:	09/05/2013

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 Occupational 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.

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 applicant is a represented [REDACTED] employee who has filed a claim for chronic low back pain reportedly associated with an industrial injury of September 14, 2009. Thus far, the applicant has been treated with the following: Analgesic medications; attorney representation; topical compounds; psychotropic medications; MRI imaging of the lumbar spine of May 4, 2012, notable for multilevel degenerative changes, disk desiccation, disk protrusion of uncertain clinical significance; and extensive periods of time off of work, on total temporary disability. In a utilization review report of August 14, 2013, the claims administrator denied a request for functional capacity evaluation. The applicant's attorney subsequently appealed, on September 2, 2013. A later note of August 15, 2013 is notable for comments that the applicant reports multifocal 9-10/10 pain. The applicant is placed off of work, on total temporary disability, and asked to obtain an interdisciplinary evaluation to determine candidacy to enter a functional restoration program. A note dated September 24, 2013 is again notable for comments that the applicant remains off of work, on total temporary disability, owing to diagnoses of chronic low back pain, gait derangement, frozen shoulder, impingement syndrome, sciatica, and myofascial pain/myositis.

IMR ISSUES, DECISIONS AND RATIONALES

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

Outpatient functional capacity evaluation: Overturned

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Guidelines for performing a FCE..

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 32.

Decision rationale: As noted on page 32 of the MTUS Chronic Pain Medical Treatment Guidelines, one of the prerequisites in pursuit of a chronic pain program/functional restoration program is evidence that adequate and thorough precursor evaluation including baseline functional testing be performed so that follow up with the same test can note functional improvement. In this case, the attending provider has stated that they wish to pursue functional capacity testing in conjunction with a multidisciplinary evaluation as precursors to enrollment into a functional restoration program. This is an appropriate indication for pursuit of functional capacity testing, per the MTUS Chronic Pain Medical Treatment Guidelines. The request for a outpatient functional capacity evaluation is medically necessary and appropriate.