

Case Number:	CM13-0022350		
Date Assigned:	11/13/2013	Date of Injury:	08/18/1998
Decision Date:	02/10/2014	UR Denial Date:	08/29/2013
Priority:	Standard	Application Received:	09/10/2013

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. 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 applicant is a represented [REDACTED] employee who has filed a claim for irritable bowel syndrome, hypertension, gastroesophageal reflux disease, shoulder pain, and depression reportedly associated with industrial injury of August 18, 1998. Thus far, the applicant has been treated with the following: Proton pump inhibitor; transfer of care to and from various providers in various specialties; analgesic medications; muscle relaxants; attorney representation; supplemental testosterone; prior multilevel cervical fusion surgery; multiple lumbar epidural; psychotropic medications; and extensive periods of time off of work, on total temporary disability. In a utilization review report of August 29, 2013, the claims administrator denied a functional capacity evaluation, citing the non-MTUS ODG guidelines. The applicant's attorney lateral appealed, on September 10, 2013. An earlier note of June 26, 2013 is notable for comments that the applicant reports persistent neck and low back pain. The applicant was involved in a motor vehicle accident. The applicant has not worked since September 2012, it is stated. Limited range of motion about the lumbar and cervical spines are appreciated with 5/5 lower extremity strength also noted. The recommendations are made for the applicant to obtain new MRIs of the cervical and lumbar spines. Multiple other notes over the life of the claim suggested that the applicant is off of work, on total temporary disability.

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: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines, Fitness for Duty and Official Disability Guidelines, Low Back-Lumbar & Thoracic (Acute & Chronic

MAXIMUS guideline: Decision based on MTUS ACOEM Page(s): 137-138,Chronic Pain Treatment Guidelines Work Conditioning.

Decision rationale: While the California MTUS does not address all indications for an FCE, page 125 of the California MTUS Chronic Pain Medical Treatment Guidelines does suggest that an FCE could be performed as a precursor to entrance into a work hardening program. In this case, however, there is no indication or evidence that the applicant is intent on attending a work hardening program or work hardening course. The non-MTUS chapter 7 ACOEM Guidelines on FCEs suggest that FCEs are widely promoted, overly used, and not necessarily an accurate representation or characterization of what an applicant can or cannot do. In this case, the applicant is off of work, on total temporary disability. He has not worked in several years. He has no seeming intention of returning to work and/or enrolling in a work hardening course. It is unclear what purpose an FCE would serve in this context. Therefore, the original utilization review decision is upheld. The request remains non-certified, on independent medical review.