

Case Number:	CM13-0023224		
Date Assigned:	11/15/2013	Date of Injury:	10/03/2012
Decision Date:	01/21/2014	UR Denial Date:	08/26/2013
Priority:	Standard	Application Received:	09/11/2013

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 Physical Medicine and Rehabilitation and is licensed to practice in Oklahoma and Texas. 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 patient is a 36-year-old male who reported a work related injury due to lifting on 10/03/2012. The patient underwent MRI scans of his thoracic and lumbar spine. He has also undergone physical therapy and acupuncture treatment. His medications are listed as naproxen, Norco, and tizanidine. His diagnoses are listed as cervical spine sprain/strain, thoracic spine degenerative disc disease, stenosis, lumbar spine degenerative disc disease, and sprain/strain with left lower extremity radiculopathy.

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 ACOEM, Occupational Medicine Practice Guidelines, 2nd Edition (2008 Revision) pgs. 506-512

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 5 Cornerstones of Disability Prevention and Management Page(s): 89-92. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Fitness for Duty, Functional Capacity Evaluation.

Decision rationale: Recent clinical documentation stated that therapy had been beneficial for the patient. He complained of occasional pain in the cervical spine and had muscle tension. He also complained of sharp thoracic spine pain and lumbar spine pain. The patient reported he must change positions to alleviate pain. The patient had bilateral lower extremity radicular shooting

pain, left greater than right. The patient was noted with seasonal affective disorder and sleep disorder. A physical examination of the patient was not documented. California Medical Treatment Guidelines indicate that a number of functional assessment tools are available, including functional capacity exams. Most assess general functioning, but modifications to test work-related functioning are under development or can be created by the clinician. Official Disability Guidelines indicate that functional capacity evaluations are recommended prior to admission to a work hardening program. There is a lack of documentation stating that the patient had prior unsuccessful return to work attempts, per guideline criteria for functional capacity evaluation. Per the clinical documents submitted, the patient was also noted to have a quantitative functional capacity evaluation dated 04/19/2013 and 08/29/2013. There is no rationale noting a reason for the request for the functional capacity evaluation for the patient. In addition, there was no evidence that the patient had reached a plateau following an adequate trial of active physical rehabilitation with improvement. Given the above, the request for functional capacity evaluation is non-certified.