MAXIMUS Federal Services

Case Number:	CM13-0023488		
Date Assigned:	11/15/2013	Date of Injury:	11/07/2012
Decision Date:	01/21/2014	UR Denial Date:	08/13/2013
Priority:	Standard	Application Received:	09/12/2013

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 Physicial Medicine and Rehabilitation, 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:

Patient is a 30 year old, male with a date of injury of 11/07/2012. Patient has diagnoses of cervical and lumbar discopathy, cervicalgia, right shoulder impingement, and right S1 radiculopathy. Utilization review letter dated 08/13/2013 denied [redacted] request for a functional capacity evaluation. There are no current reports provided by [redacted]. The most recent report is dated 05/10/2013, and he does not incorporate any reasons for a request for functional capacity evaluation. However, there is a report dated 06/11/2013 in which [redacted] requests another epidural steroid injection after a recent injection (05/02/2013) where improvement was demonstrated in the patient.

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: Decision based on MTUS ACOEM.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints, Chapter 14 Ankle and Foot Complaints Page(s): 137 and 139.

Decision rationale: Patient has diagnoses of cervical and lumbar discopathy, cervicalgia, right shoulder impingement, right S1 radiculopathy. Utilization review letter dated 08/13/2013 denied [redacted] request for a functional capacity evaluation. There are no current reports provided by

[redacted]. The most recent report is dated 05/10/2013 and does not incorporate any reasons for a request for functional capacity evaluation. However, there is a more current report by [redacted] dated 06/11/2013, in which he requests another epidural steroid injection after the injection on 05/02/2013 that demonstrated overall improvement. There is no discussion as to why an FCE is being requested. ACOEM guidelines p137-139 does not support routine use of a FCE. It states that the examiner is responsible for determining whether the impairment results in functional imitation. There is little evidence that FCEs can predict an individual's actual capacity to perform in the workplace. FCEs are reserved for special circumstances when the employer or adjuster requests it. Recommendation is for denial of the request.