

Case Number:	CM13-0034064		
Date Assigned:	01/03/2014	Date of Injury:	09/26/2007
Decision Date:	03/21/2014	UR Denial Date:	09/04/2013
Priority:	Standard	Application Received:	10/11/2013

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 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 chronic neck, mid back, and low back pain associated with an industrial injury sustained on September 26, 2007. Thus far, the applicant has been treated with analgesic medications, chiropractic manipulative therapy, transfer of care to and from various providers in various specialties, adjuvant medications, psychotropic medications, and extensive periods of time off of work. On December 6, 2013, the applicant was given prescriptions for Elavil, Terocin, Cymbalta, and Lyrica. The applicant has had an extensive prior acupuncture, manipulation, and physical therapy, it is stated. In an applicant questionnaire from December 2, 2013, the applicant acknowledges that she is not working. Multiple progress notes interspersed throughout 2013 acknowledged that the applicant is permanent and stationary with permanent restrictions in place.

IMR ISSUES, DECISIONS AND RATIONALES

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

request for a functional capacity evaluation (FCE): Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 125. Decision based on Non-MTUS Citation Independent Medical Examinations and Consultations (ACOEM Practice Guidelines, 2nd Edition (2004), Chapter 7), pages 137-138

Decision rationale: As noted in the MTUS Chronic Pain Medical Treatment Guidelines, functional capacity testing can be employed as a precursor to enrollment in a work hardening or work conditioning course. In this case, however, the applicant is off of work. Permanent work restrictions have been imposed. The applicant apparently has no intention of returning to the workplace and/or workforce. It is not clear why an FCE is being sought here. The ACOEM guidelines further note that FCEs are widely used, overly promoted, and are not necessarily an accurate characterization of what an applicant can or cannot do in the workplace. In this case, since the applicant is not intent on returning to any form of work, it is not clear why an FCE is being sought. Therefore, the request is not certified.