

Case Number:	CM13-0042277		
Date Assigned:	12/27/2013	Date of Injury:	05/12/2011
Decision Date:	02/25/2014	UR Denial Date:	10/14/2013
Priority:	Standard	Application Received:	10/30/2013

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 & Rehabilitation and Pain Medicine 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. 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 patient is a 42-year-old female who reported an injury on 05/12/2011. The mechanism of injury was stated to be that the patient was involved in an automobile accident. The patient was noted to have tenderness in the lumbar spine and a painful range of motion. The patient's diagnoses were noted to be displaced lumbar intervertebral disc and unspecified thoracic/lumbar neuritis/radiculitis. The request was made for chiropractic care and a Functional Capacity Evaluation.

IMR ISSUES, DECISIONS AND RATIONALES

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

One (1) FCE between 8/22/2013 and 11/16/2013: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 5 Cornerstones of Disability Prevention and Management Page(s): 89-92.

Decision rationale: ACOEM Guidelines indicate there is a functional assessment tool available, and that is a Functional Capacity Evaluation; however, it does not address the criteria. As such, secondary guidelines were sought. Official Disability Guidelines indicate that a Functional Capacity Evaluation is appropriate when a worker has had prior unsuccessful attempts to return

to work; has conflicting medical reports; the patient had an injury that required a detailed exploration of a workers abilities; a worker is close to maximum medical improvement and/or additional or secondary conditions have been clarified. The clinical documentation submitted for review indicated that the patient needed chiropractic care. There was a lack of documentation indicating that the patient had prior unsuccessful attempts to work. There was a lack of documentation indicating that the patient was close to Maximum Medical Improvement and that additional or secondary conditions were clarified. Given the above, the request for 1 FCE between 08/22/2013 and 10/16/2013 is not medically necessary.