

Case Number:	CM13-0044233		
Date Assigned:	12/27/2013	Date of Injury:	06/26/2013
Decision Date:	03/05/2014	UR Denial Date:	10/09/2013
Priority:	Standard	Application Received:	10/28/2013

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 Physical Medicine and Rehabilitation and is licensed to practice in Illinois. 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 56-year-old female who reported a work-related injury on 06/26/2013, as a result of a motor vehicle accident. Clinical note dated 09/26/2013 reports the patient was seen in clinic for complaints of lumbar spine pain with associated numbness radiating down the bilateral lower extremities, left greater than right. The provider documents the patient has severe pain with range of motion of the lumbar spine. The provider recommended a request for authorization for a Functional Capacity Evaluation, as the patient reports she is in too much pain to do any sort of work. The provider documents the patient was previously authorized for therapy that she never completed.

IMR ISSUES, DECISIONS AND RATIONALES

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

Functional Capacity Evaluation for Lumbar: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation ACOEM Practice Guidelines 2nd Ed., Independent Medical Examinations and Consultations Chapter, pgs 137-138.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation American College of Occupational and Environmental Medicine (ACOEM), 2nd Edition, (2004) Chapter 7, pgs. 137-138.

Decision rationale: The clinical documentation submitted for review fails to evidence the patient has exhausted and utilized lower levels of conservative treatment for their moderate complaints of lumbar spine pain status post a work-related injury in 06/2013. The provider is requesting a Functional Capacity Evaluation; however, timing of this intervention at this point in the patient's treatment is not appropriate. Functional Capacity Evaluations may establish physical abilities and facilitate the examinee-employer relationship for return to work. However, per the California MTUS/ACOEM, Functional Capacity Evaluations reflect what an individual can do on a single day at a particular time under controlled circumstances that provide an indication of the individual's abilities. As with any behavior, an individual's performance on a Functional Capacity Evaluation is probably influenced by multiple non-medical factors other than physical impairments. The request for a functional capacity evaluation for the lumbar spine is not medically necessary and appropriate.