

Case Number:	CM13-0045260		
Date Assigned:	12/27/2013	Date of Injury:	09/29/2007
Decision Date:	02/28/2014	UR Denial Date:	10/29/2013
Priority:	Standard	Application Received:	11/12/2013

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 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 low back pain reportedly associated with an industrial injury of September 29, 2007. Thus far, the applicant has been treated with the following: Analgesic medications; attorney representation, transfer of care to and from various providers in various specialties; ankle orthotics; psychotropic medications; a medical legal evaluation; extensive periods of time off of work; and unspecified amounts of psychotherapy. In a Utilization Review Report of October 29, 2013, the claims administrator denied a request for a Functional Capacity Evaluation, citing non-MTUS ODG guidelines. The applicant's attorney later appealed. A later note of November 13, 2013 is notable for comments that the applicant is having issues with pain and difficulty ambulating. The applicant is on Lyrica and Flexeril for pain relief. The applicant's work status is not detailed. The applicant was given a handicap placard on an earlier visit of October 16, 2013. Functional capacity was ordered at the request of the applicant's attorney, the attending provider writes, to try to formally assess the applicant's capacity.

IMR ISSUES, DECISIONS AND RATIONALES

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

One (1) Functional Capacity Evaluation between 10/25/2013 and 12/9/2013: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Work conditioning, work hardening, pg. 125 Page(s): 125. Decision based on Non-MTUS Citation American College of Occupational and Environmental Medicine (ACOEM), Chapter 7

Decision rationale: As noted on page 125 of the MTUS Chronic Pain Medical Treatment Guidelines, FCEs can be employed as a precursor to enrolment in a work hardening program. In this case, however, there is no indication or evidence that the applicant is intent on returning to work and/or in enrolling in a work hardening program. It is further noted that the chapter 7 ACOEM Guidelines note that FCEs are overly used, widely promoted, and are not necessarily an accurate representation or characterization of what an applicant can or cannot do in the workplace. In this case, it does not appear that the applicant has a job to return to. It does not appear that the applicant is intent on returning to the workplace and/or workforce. The request appears to have been initiated largely by the applicant's attorney as opposed to by the attending provider, it is incidentally noted. No clear clinical rationale or basis for this request has been proffered by the attending provider. Accordingly, the request remains non-certified, on Independent Medical Review.