

Case Number:	CM13-0048566		
Date Assigned:	12/27/2013	Date of Injury:	08/27/2010
Decision Date:	02/24/2014	UR Denial Date:	10/28/2013
Priority:	Standard	Application Received:	11/06/2013

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, has a subspecialty in Interventional Spine, 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 patient is a 39-year-old male with date of injury on 08/27/2010. The progress report dated 10/01/2013 by [REDACTED] indicates that the patient is diagnosed with lumbago, cervical pain/cervicalgia, myofascial pain syndrome, and fibromyalgia. The patient continues with neck pain rated at 7/10. The patient also complains of back pain. Physical exam findings include tenderness to palpation of the paraspinal muscles with limited range of motion of the lumbar spine. It was noted that the patient has had interventional pain management including lumbar epidural steroid injections, has had physical therapy as well as chiropractic treatment which has been helpful. A request was made for a functional capacity evaluation.

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 Chronic Pain Treatment Guidelines. Decision based on Non-MTUS Citation Official Disability Guidelines.

MAXIMUS guideline: Decision based on MTUS ACOEM Page(s): 137, 139.

Decision rationale: ACOEM Guidelines state that the examiner is responsible for determining whether the impairment results in functional limitations and to inform the examinee and the

employer about the examinee's abilities and limitations. The employer or claim administrator may request functional mobility evaluations, also known as functional capacity evaluations, to further assess current work capabilities. These assessments also may be ordered by the treating or evaluating physician, if the physician feels the information from such testing is crucial. The records do not indicate that the treating physician has documented any rationale regarding why a functional capacity evaluation is crucial to this case. Therefore, the request for a functional capacity evaluation is not medically necessary and appropriate.