

Case Number:	CM13-0050064		
Date Assigned:	12/27/2013	Date of Injury:	05/31/2007
Decision Date:	02/28/2014	UR Denial Date:	10/18/2013
Priority:	Standard	Application Received:	11/08/2013

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 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 58-year-old male who reported an injury on 05/31/2007. The patient is diagnosed with lower back pain. The patient was seen by [REDACTED] on 10/07/2013. The patient had completed 6 sessions of chiropractic treatment. The patient reported ongoing lower back pain with bilateral lower extremity radicular pain. Physical examination only revealed tenderness to palpation. Treatment recommendations included an EMG/NCV, a lumbar spine MRI, continuation of current medications, a prescription for tramadol, and a qualified FCE to determine physical/work limitations

IMR ISSUES, DECISIONS AND RATIONALES

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

One QFCE to determine physical/work limitations: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation WSIB, 2003, Official Disability Guidelines, Fitness for Duty

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 5 Cornerstones of Disability Prevention and Management. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Fitness for Duty Chapter, Functional Capacity Evaluation, In. Harris J (Ed), Occupational Medicine Practice Guidelines, 2nd Edition (2004) - pp. 89-92

Decision rationale: California MTUS/ACOEM Practice Guidelines state a number of functional assessment tools are available including Functional Capacity Examination when reassessing function and functional recovery. As per the documentation submitted, there is no evidence of prior unsuccessful return to work attempts. There is also no evidence that the patient has reached or is close to maximum medical improvement. There is no evidence of a defined return to work goal or job plan, which has been established, communicated, and documented. Additionally, Official Disability Guidelines state Functional Capacity Evaluations should not be performed for the sole purpose of determining a worker's effort or compliance. Based on the clinical information received, the request is non-certified.