MAXIMUS Federal Services

Case Number:	CM13-0050866		
Date Assigned:	12/27/2013	Date of Injury:	11/16/2012
Decision Date:	05/07/2014	UR Denial Date:	10/28/2013
Priority:	Standard	Application Received:	11/14/2013

HOW THE IMR FINAL DETERMINATION WAS MADE

MAXIMUS Federal Services sent the complete case file to an expert reviewer. He/she has no affiliation with the employer, employee, providers or the claims administrator. The expert 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 expert 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] Industries employee who has filed a claim for chronic mid and low back pain reportedly associated with an industrial injury of November 16, 2012. Thus far, the applicant has been treated with the following: Analgesic medications; attorney representation; topical compounded drugs; unspecified amounts of physical therapy over the life of the claim; and extensive periods of time off of work, on total temporary disability. A clinical progress note of October 9, 2013 is notable for comments that the applicant is placed of off work, on total temporary disability, owing to multifocal neck, mid back, and low back pain issues. Several topical compounds, Flexeril, Neurontin, and tramadol were endorsed, along with acupuncture, extracorporeal shockwave therapy, physical therapy, 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:

FUNCTIONAL CAPACITY EVALUATION: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 5 Cornerstones of Disability Prevention and Management Page(s): 75-92.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Work Conditioning, Work Hardening. Decision based on Non-MTUS Citation American College of

Occupational and Environmental Medicine (ACOEM), 2nd Edition, (2004) Chapter 7, page(s) 137-138.

Decision rationale: While page 125 of the MTUS Chronic Pain Medical Treatment Guidelines does acknowledge that functional capacity evaluations can be employed as a precursor to enrollment in a work hardening or work conditioning course, in this case, however, there is no indication that the applicant is intent upon attending either a work hardening or work conditioning course. The applicant is off of work, on total temporary disability. There is no indication that the applicant has a job to return to, is intent on returning to the workplace and/or workforce, and/or is intent on attending work hardening or work conditioning. The applicant is off of work, on total temporary disability, several years removed from the date of injury, and has formed no seeming plan to return to work, effectively obviating the need for FCE testing. It is further noted that the Chapter 7 ACOEM Guidelines suggest 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. For all the stated reasons, then, the request is not certified, on independent medical review.