

Case Number:	CM13-0053429		
Date Assigned:	12/30/2013	Date of Injury:	12/15/2012
Decision Date:	05/08/2014	UR Denial Date:	11/08/2013
Priority:	Standard	Application Received:	11/18/2013

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:

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; muscle relaxants; and unspecified amounts of acupuncture over the life of the claim. In a Utilization Review Report of November 8, 2013, the claims administrator denied a request for an initial baseline Functional Capacity Evaluation. The applicant's attorney subsequently appealed. In a December 4, 2013 progress note, the applicant is described presenting with stress, anxiety, myofascial pain syndrome, low back pain, and dry mouth syndrome. Epidural steroid injection therapy, chiropractic manipulative therapy, a Functional Capacity Evaluation, and work conditioning were reportedly sought.

IMR ISSUES, DECISIONS AND RATIONALES

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

AN INITIAL FUNCTIONAL CAPACITY ASSESMENT/BASELINE FUNCTIONAL CAPACITY EVALUATION: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG).

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Work Conditioning Section Page(s): 125.

Decision rationale: While page 125 of the MTUS Chronic Pain Medical Treatment Guidelines does support usage of Functional Capacity Evaluations as a precursor to enrolment in a work hardening or work conditioning program, in this case, however, there is no indication that the applicant is a good candidate for work hardening or work condition. As noted on page 125 of the MTUS Chronic Pain Medical Treatment Guidelines, one of the criteria for pursuit of work hardening and/or work conditioning is evidence that an applicant is not a candidate for surgery or other treatments which would clearly be warranted to improve function. In this case, however, the applicant is pursuing a number of other treatments, including chiropractic manipulative therapy, physical therapy, epidural steroid injection therapy, etc. Neither the work conditioning course nor the proposed baseline Functional Capacity Evaluation is therefore indicated. Accordingly, the request is not certified, on Independent Medical Review.