

| | | | |
|-----------------------|--------------|------------------------------|------------|
| Case Number: | CM13-0065218 | | |
| Date Assigned: | 01/03/2014 | Date of Injury: | 09/02/2010 |
| Decision Date: | 04/15/2014 | UR Denial Date: | 11/05/2013 |
| Priority: | Standard | Application Received: | 12/11/2013 |

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 Neurology has a subspecialty in Neuromuscular 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 claimant is a 30 year old injured worker who sustained a work-related injury on September 2, 2010. Subsequently the patient developed chronic back pain. The patient was treated with physical therapy medications and activity modifications. The patient was diagnosed with lumbar sprain, neck sprain and thoracic sprain. According to the note of April 17, 2013, the patient continued to have back pain. At that time she was treated with Skelaxin and Lidoderm patch. Her physical examination demonstrated restricted range of motion of the lumbar spine. The provider requested authorization for 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.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 32-33, 171.

Decision rationale: According to the MTUS Chronic Pain Medical Treatment Guidelines, the presence of red flags may indicate the need for specialty consultation. In addition, the requesting physician should provide a documentation supporting the medical necessity for a pain management evaluation with a specialist. The documentation should include the reasons, the

specific goals and end point for using the expertise of a specialist. In the chronic pain programs, early intervention section of MTUS guidelines stated: < Recommendations for identification of patients that may benefit from early intervention via a multidisciplinary approach:(a) The patient's response to treatment falls outside of the established norms for their specific diagnosis without a physical explanation to explain symptom severity. (b) The patient exhibits excessive pain behavior and/or complaints compared to that expected from the diagnosis. (c) There is a previous medical history of delayed recovery. (d) The patient is not a candidate where surgery or other treatments would clearly be warranted. (e) Inadequate employer support. (f) Loss of employment for greater than 4 weeks. The most discernable indication of at risk status is lost time from work of 4 to 6 weeks. The medical records provided for review did not include documentation that the patient condition require functional capacity evaluation. There was no documentation supporting the medical necessity for this evaluation, the reasons, and the specific goals and end point for Functional Capacity Evaluation. The request for a Functional Capacity Evaluation is not medically necessary and appropriate