MAXIMUS Federal Services

Case Number:	CM13-0071039		
Date Assigned:	01/03/2014	Date of Injury:	05/25/2012
Decision Date:	06/13/2014	UR Denial Date:	11/26/2013
Priority:	Standard	Application Received:	12/23/2013

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] employee who has filed a claim for chronic low back pain reportedly associated with industrial injury of May 25, 2012. 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; a TENS unit; and extensive periods of time off of work, on total temporary disability. In a Utilization Review Report of November 26, 2013, the claims administrator denied a request for functional improvement measurement/functional lift NIOSH testing, citing non-MTUS Chapter 7 ACOEM Guidelines although, it is incidentally noted, several portions of the MTUS do address the topic. The applicant's attorney subsequently appealed. A February 17, 2014 progress note is sparse, handwritten, difficult to follow, and notable for comments that the applicant remains off of work, on total temporary disability. The applicant was in the process of pursuing electrodiagnostic testing, physical therapy, and chiropractic manipulative therapy, it was stated. The applicant was using several topical compounds and a TENS unit at that point in time, it was further noted. An October 3, 2013 progress note was also notable for comments that the applicant was employing a variety of medications, including oral Motrin and topical flurbiprofen in conjunction with a wrist splint. Cervical epidural steroid injection therapy and electrodiagnostic testing of the upper extremities were sought at that point. An earlier note of August 28, 2013 was notable for comments for the applicant was working regular duty at that point in time.

IMR ISSUES, DECISIONS AND RATIONALES

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

FUNCTIONAL IMPROVEMENT MEASUREMENT WITH FUNCTIONAL LIFT (NIOSH) TESTING (30 DAYS): Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Independent Medical Examinations and Consultations (ACOEM Practice Guidelines, 2nd Edition (2004), Chapter 7), pages 132-139.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 2 General Approach to Initial Assessment and Documentation Page(s): 21.

Decision rationale: While the General Approach to Initial Assessment and Documentation Chapter of the ACOEM Practice Guidelines does suggest that a functional capacity evaluation could be considered when needed to translate medical impairment into functional limitations and to determine work capability, in this case, however, it is unclear why the functional capacity evaluation and testing in question have been sought. The applicant's work status has been incongruously reported on multiple occasions. The applicant is described as working regular duty on several occasions and off of work on other occasions. While this could, in part, represent a function of the applicant's transferring of care to and from various providers in various specialties, nevertheless, none of the providers in question had seemingly made a compelling case for the test in question. It is unclear how or why functional capacity testing would be needed to translate the applicant's impairment into limitations and work capability. At a minimum, some clear reporting of the applicant's work status and rationale for the need for the test would be needed in order to justify the same. In this case, however, both a clear reporting of the applicant's work status and a clear rationale for the test in question are conspicuously absent. The request for functional improvement measurement with functional lift (NIOSH) testing (for 30 days) is not medically necessary or appropriate.