

Case Number:	CM14-0009690		
Date Assigned:	06/27/2014	Date of Injury:	10/22/2009
Decision Date:	08/11/2014	UR Denial Date:	01/20/2014
Priority:	Standard	Application Received:	01/23/2014

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 an industrial injury of October 22, 2009. 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; unspecified amounts of physical therapy; and epidural steroid injection therapy. In a Utilization Review Report dated January 20, 2014, the claims administrator denied a request for functional capacity testing, citing non-MTUS Chapter 7 ACOEM Guidelines which it mislabeled as originating from the MTUS. The applicant's attorney subsequently appealed. The applicant did undergo epidural steroid injection therapy on February 10, 2014. In a June 17, 2014 progress note, the applicant presented with persistent complaints of low back pain. The applicant was asked to pursue a repeat epidural steroid injection. The applicant's work status was not provided. Prilosec was refilled. On March 20, 2014, the attending provider posited that the applicant had improved following recent epidural steroid injection therapy. Prilosec was renewed. The applicant was using Norco for pain relief.

IMR ISSUES, DECISIONS AND RATIONALES

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

Functional Capacity Test: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation ACOEM, page 137-138.

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

Decision rationale: While the MTUS-Adopted ACOEM Guidelines in Chapter 2, page 21 do support consideration of functional capacity evaluations to help translate an applicant's functional impairment into limitations and restrictions, in this case, however, the applicant's work status has not been clearly stated or clearly reported on any recent progress note. It is not clearly stated whether the applicant is in fact presently working, has a job to return to, intends to return to the workplace and/or workforce, and/or why formal quantification of the applicant's abilities and capabilities via functional capacity testing is indicated here. Therefore, the request is not medically necessary.