MAXIMUS Federal Services

Case Number:	CM14-0100151		
Date Assigned:	07/28/2014	Date of Injury:	03/14/2007
Decision Date:	09/19/2014	UR Denial Date:	06/12/2014
Priority:	Standard	Application Received:	06/27/2014

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 Physical Medicine and Rehabilitation, has a subspecialty in Pain Medicine and is licensed to practice in Florida. 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 injured worker is a 49-year-old male who reported an injury on 03/14/2007. The mechanism of injury was not provided. The injured worker was noted to undergo diagnostic studies including MRIs and x-rays. The injured worker was noted to have surgical interventions. The injured worker was noted to have multiple therapy procedures. The documentation of 05/22/2014 indicated that the injured worker's medications included gabapentin 300 mg, tramadol 50 mg, ibuprofen 800 mg 3 times a day and ranitidine 60 mg. The prior therapies were noted to include physical therapy and lumbar epidural steroid injections. The documentation indicated the injured worker was a candidate for a spinal cord stimulator. The injured worker's surgical history included a posterior laminotomy with instrumentation at L5-S1. The diagnosis included status post lumbar spine surgery 2010. There was no physician documentation specifically requesting a Functional Capacity Evaluation and there was no Request for Authorization form submitted for the requested intervention.

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: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 5 Cornerstones of Disability Prevention and Management Page(s): 89-92. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Fitness for Duty Chapter, FCE.

Decision rationale: The American College of Occupational and Environmental Medicine Guidelines indicate there is a functional assessment tool available called a Functional Capacity Evaluation, however, it does not specifically address criteria. As such, secondary guidelines were sought. The Official Disability Guidelines indicate that a Functional Capacity Evaluation is appropriate when a worker has had a prior unsuccessful attempt to return to work and all secondary conditions have been clarified. The clinical documentation submitted for review indicated the injured worker was possibly a candidate for a spinal cord stimulator. There was a lack of documentation indicating the injured worker had a trial and failure of return to work and that all secondary conditions had been clarified. Given the above and the lack of documentation, the request for Functional Capacity Evaluation is not medically necessary.