

Case Number:	CM14-0102317		
Date Assigned:	07/30/2014	Date of Injury:	03/08/2013
Decision Date:	09/22/2014	UR Denial Date:	06/04/2014
Priority:	Standard	Application Received:	07/02/2014

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:

According to the records made available for review, this is a 43-year-old female with a 3/8/13 date of injury. At the time (5/14/14) of request for authorization for Qualified functional capacity evaluation and Topical compound: Lidocaine 6%, Gabapentin 10%, Tramadol 10%, 180gm QTY: 3.00, there is documentation of subjective (severe headaches, constant severe neck pain, constant severe low back pain radiating down the buttocks and bilateral legs, constant ringing in the ears, and dizziness) and objective (tenderness to palpation over the cervical spine with spasms, positive axial compression test, positive shoulder depression test, decreased right triceps reflex; tenderness to palpation over the lumbar paraspinal musculature, positive Kemp's test, positive straight leg raise test bilaterally, and decreased sensation over the L5 and S1 dermatomes) findings, current diagnoses (cervical disc herniation, thoracic disc displacement, lumbar disc displacement, lesion of sciatic nerve, post concussion syndrome, tension headache, and vertigo), and treatment to date (medications (including Norco and NSAIDs), injections, activity modification, and physical modalities). Regarding Qualified functional capacity evaluation, there is no documentation indicating case management is hampered by complex issues (prior unsuccessful RTW attempts, conflicting medical reporting on precautions and/or fitness for modified job, injuries that require detailed exploration of a worker's abilities); and timing is appropriate (Close to or at MMI/all key medical reports secured and additional/secondary conditions have been clarified).

IMR ISSUES, DECISIONS AND RATIONALES

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

Qualified functional capacity evaluation:

Claims Administrator guideline: Decision based on MTUS ACOEM Page(s): 137-138, Chronic Pain Treatment Guidelines.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation American College of Occupational and Environmental Medicine (ACOEM), 2nd Edition, (2004) Independent Medical Examinations and Consultations, page(s) 137-138; Official Disability Guidelines (ODG) Fitness For Duty, Functional capacity evaluation (FCE).

Decision rationale: The ACOEM Guidelines identifies that functional capacity evaluations (FCE) may establish physical abilities and also facilitate the examinee/employer relationship for return to work. The ODG identifies documentation indicating case management is hampered by complex issues (prior unsuccessful RTW attempts, conflicting medical reporting on precautions and/or fitness for modified job, injuries that require detailed exploration of a worker's abilities); and timing is appropriate (Close to or at MMI/all key medical reports secured and additional/secondary conditions have been clarified), as criteria necessary to support the medical necessity of a functional capacity evaluation. Within the medical information available for review, there is documentation of diagnoses of cervical disc herniation, thoracic disc displacement, lumbar disc displacement, lesion of sciatic nerve, post concussion syndrome, tension headache, and vertigo. However, there is no documentation indicating case management is hampered by complex issues (prior unsuccessful RTW attempts, conflicting medical reporting on precautions and/or fitness for modified job, injuries that require detailed exploration of a worker's abilities); and timing is appropriate (Close to or at MMI/all key medical reports secured and additional/secondary conditions have been clarified). Therefore, based on guidelines and a review of the evidence, the request is not medically necessary.