

Case Number:	CM14-0104180		
Date Assigned:	07/30/2014	Date of Injury:	01/15/2012
Decision Date:	09/03/2014	UR Denial Date:	06/03/2014
Priority:	Standard	Application Received:	07/07/2014

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 and is licensed to practice in Nevada. 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 records, presented for review, indicate that this 36-year-old individual was reportedly injured on 1/15/2012. The mechanism of injury was noted as continuous exposure injury. The most recent progress note, dated 4/14/2014, indicated that there were ongoing complaints of low back pain that radiated down the right lower extremity. The physical examination demonstrated upper back positive tenderness to palpation in the right upper back and sensation intact to light touch to be decreased in the distribution of right L5-S1. Lumbar spine had an unremarkable exam except for decreased sensation right L5-S1 nerve distribution. No new diagnostic studies are available for review. Previous treatment included epidural steroid injections, medications, and conservative treatment. A request had been made for functional capacity evaluation and was not certified in the pre-authorization process on 6/3/2014.

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 Chronic Pain Treatment Guidelines Chronic Pain Medical Treatment Guidelines. Decision based on Non-MTUS Citation ODG-TWC Fitness for Duty Procedure Summary last updated 5/12/2010.

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 - Referral Issues and the IME Process - (electronically sited).

Decision rationale: A Functional Capacity Evaluation is an opinion about current work capability, and if requested, the current objective functional capacity of the examinee. The examiner is responsible for determining whether the impairment results in functional limitations and to inform the examinee and the employer about the examinee's abilities and limitations. The physician should state whether the work restrictions are based on limited capacity, risk of harm, or subjective examinee tolerance for the activity in question. The employer or claim administrator may request functional ability evaluations, also known as functional capacity evaluations, to further assess current work capability. These assessments also may be ordered by the treating or evaluating physician, if the physician feels the information from such testing is crucial. After reviewing the medical documentation provided, it is noted the claimant works in law enforcement. However, there was no identifiable documentation of the injured worker's failed attempts to return to work. Therefore, this request is deemed not medically necessary.