

Case Number:	CM14-0104354		
Date Assigned:	07/30/2014	Date of Injury:	04/09/2013
Decision Date:	09/15/2014	UR Denial Date:	06/20/2014
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 32-year-old gentleman was reportedly injured on April 9, 2013. The mechanism of injury is not listed in these records reviewed. The most recent progress note, dated March 31, 2014, indicates that there are ongoing complaints of low back pain. No physical examination was performed on this date. Diagnostic nerve conduction studies of the lower extremities were within normal limits. An MRI of the lumbar spine showed a retrolisthesis of L5 on S1 and foraminal narrowing with the blood of the S-1 nerve root. Previous treatment includes chiropractic care, acupuncture and physical therapy. A request had been made for a functional capacity evaluation was not certified in the pre-authorization process on June 20, 2014.

IMR ISSUES, DECISIONS AND RATIONALES

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

FCE (Functional Capacity Evaluation): Overturned

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines FCE (Functional Capacity Evaluation).

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Low Back - Lumbar and Thoracic, Functional Capacity Evaluation, Updated August 22, 2014.

Decision rationale: According to the Official Disability Guidelines, functional improvement measures are recommended as a primary measure of treatment success. Functional improvement measures should be used over the course of treatment to demonstrate progress in return to functionality. It was stated on the progress note dated March 31, 2014 a functional capacity evaluation was requested to determine if the employee is able to resume working in a capacity commensurate with his or her skills or abilities. Considering this, this request for a functional capacity evaluation is medically necessary.