

Case Number:	CM14-0014328		
Date Assigned:	02/26/2014	Date of Injury:	12/28/2001
Decision Date:	06/26/2014	UR Denial Date:	01/16/2014
Priority:	Standard	Application Received:	02/04/2014

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 Orthopedic Surgery and is licensed to practice in Mississippi. 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 47-year-old male injured on December 28, 2001. It is reported the injured worker continues to have significant low back pain. A recent progress note indicated the injured worker was unable to do any household work, unable to bathe independently, or cook for himself. The physical examination noted a marked limitation to lumbar spine range of motion and tenderness to palpation. The past surgical history is noted to include a lumbar fusion with removal of hardware. Past treatment includes chiropractic care, physical therapy care, acupuncture and multiple medications. It is also noted that occasional use of a wheelchair is required for ambulation. The treating provider described the injured worker as "very symptomatic." It is also reported that an intrathecal pain pump was required to address the complaints. A prior clinical evaluation was essentially the same as the current evaluation. The request for the functional capacity evaluation was not noted to be clinically indicated in the preauthorization process.

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 ACOEM, CHAPTER 7, INDEPENDENT MEDICAL EXAMINATIONS AND CONSULTATIONS, 132-139

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Functional Restoration Programs (FRPs) Page(s): 49.

Decision rationale: When noting the date of injury, the injury sustained, the multiple interventions completed, the complete lack of any improvement in the overall symptomology, noting that the treating physician identifies the injured worker as being particularly symptomatic and requires occasional use of a wheelchair, there is aptly no clinical indication that this individual will return to, or wishes to, work. As such, the need for a functional capacity evaluation is totally mitigated. There is no data presented to suggest this is warranted under the Chronic Pain Medical Treatment Guidelines.