

Case Number:	CM14-0110481		
Date Assigned:	08/01/2014	Date of Injury:	03/01/2013
Decision Date:	10/14/2014	UR Denial Date:	06/20/2014
Priority:	Standard	Application Received:	07/14/2014

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 New York. 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 37 year old female presenting with a history of a work related accident that occurred on 3/1/2013. She reports increased stress while working as an operator. She noted lower back pain, headaches, anxiety, and insomnia. Her treating physician is requesting a functional capacity evaluation.

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 Examination and Consultation, Pages (132-139). Official Disability Guidelines, Fitness

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, Work Conditioning, Work Hardening

Decision rationale: The Official Disability Guidelines (ODG) state that functional capacity evaluations should be performed, administered, and interpreted by a licensed medical professional as part of a work hardening program to expedite injured worker return to work. However, this injured work is not reported to be out of work at this time. Therefore, per the

Official Disability Guidelines (ODG) the requested functional capacity evaluation is not medically necessary.