

Case Number:	CM14-0156187		
Date Assigned:	09/25/2014	Date of Injury:	07/16/2014
Decision Date:	11/28/2014	UR Denial Date:	08/28/2014
Priority:	Standard	Application Received:	09/24/2014

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:

The applicant is a represented [REDACTED] employee who has filed a claim for low back pain reportedly associated with an industrial injury of July 16, 2014. Thus far, the applicant has been treated with the following: Analgesic medications; computerized range of motion and strength testing; anxiolytic medications; transfer of care to and from various providers in various specialties; unspecified amounts of manipulative therapy; and work restrictions. In a Utilization Review Report dated August 28, 2014, the claims administrator denied a request for functional capacity testing of the lumbar spine. Despite the fact that the MTUS addressed the topic, the claims administrator nevertheless invoked non-MTUS ODG guidelines. The applicant's attorney subsequently appealed. On August 13, 2014, the applicant seemingly underwent the initial functional capacity evaluation/range of motion testing at issue. Authorization was concurrently sought for a heating and cooling device and an infra-red therapy device. On September 5, 2014, the attending provider appealed the decision to deny the functional capacity evaluation, along with the concomitant decision to deny 12 sessions of chiropractic manipulative therapy. In an August 12, 2014 progress note, the applicant reported ongoing complaints of low back pain. The applicant was given a rather proscriptive 10-pound lifting limitation. It did not appear that the applicant was working with said limitation in place. The applicant reported derivative complaints of anxiety and psychological stress, it was acknowledged. The attending provider further acknowledged that the applicant had been terminated effective July 10, 2014 and no longer had a job to return to.

IMR ISSUES, DECISIONS AND RATIONALES

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

Functional Capacity Evaluation (FCE) of the lumbar spine: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Guidelines for performing and FCE

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 2 General Approach to Initial Assessment and Documentation Page(s): 21.

Decision rationale: While the MTUS Guideline in ACOEM Chapter 2, page 21 does suggest considering a functional capacity evaluation when necessary to translate medical impairment into limitations and restrictions, in this case, however, it was not clearly stated why the functional capacity testing at issue was performed. The applicant did not have a job to return to. It was not necessary to formally quantify the applicant's ability and/or capability. It is further noted that FCE was performed shortly after treatment was initiated for the first time. The attending provider did not state how the FCE influenced the treatment plan. It is unclear why the FCE was performed in the context of the applicant's no longer having a job to return to, approximately one month after treatment was initiated. Therefore, the request of Functional Capacity Evaluation (FCE) of the lumbar spine is not medically necessary and appropriate.