MAXIMUS Federal Services

Case Number:	CM14-0163259		
Date Assigned:	10/08/2014	Date of Injury:	04/11/2014
Decision Date:	12/02/2014	UR Denial Date:	09/23/2014
Priority:	Standard	Application Received:	10/03/2014

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 chronic low back pain reportedly associated with industrial injury of April 11, 2014. Thus far, the applicant has been treated with the following: Analgesic medications; unspecified amounts of physical therapy; electrical stimulation; and unspecified amounts of manipulative therapy. In a Utilization Review Report dated September 23, 2014, the claims administrator denied a request for Functional Capacity Evaluation, invoking non-MTUS Chapter 7, ACOEM Guidelines and non-MTUS ODG Guidelines. The applicant's attorney subsequently appealed. In a July 17, 2014, progress note; the applicant reported ongoing complaints of low back pain radiating to the bilateral legs, 9/10. The applicant was apparently transferring care to new facility. The applicant was not currently working, it was acknowledged. The applicant was placed off of work, on total temporary disability. Diclofenac, tramadol, topical LidoPro, omeprazole, and chiropractic manipulative therapy were endorsed while the applicant was kept off of work. On August 11, 2014, additional manipulative therapy was sought. On September 15, 2014, 12 additional sessions of manipulative therapy were ordered. The Functional Capacity Evaluation at issue was ordered on September 17, 2014, was reportedly requested via an RFA form dated September 17, 2014.

IMR ISSUES, DECISIONS AND RATIONALES

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

Quick Functional Capacity Examination QTY: 1: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation ODG (Official Disability Guidelines): Functional Capacity Evaluation

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 acknowledge that Functional Capacity Evaluation can be considered when necessary to translate medical impairment into to limitations and restrictions, in this case, however, it is not clearly stated how, why, and/or if it is necessary to formally the quantify applicant's impairment via the Functional Capacity Evaluation. The applicant is off of work, on total temporary disability, and has seemingly remained off of work for the past several months. It does not appear that the applicant is intent on returning to workplace and/or workforce. It does not appear that the applicant has a job to return to. It is not clear what role Functional Capacity Testing would serve in the clinical context present here. Therefore, the request is not medically necessary.