

Case Number:	CM14-0172759		
Date Assigned:	10/23/2014	Date of Injury:	07/16/2014
Decision Date:	12/02/2014	UR Denial Date:	09/16/2014
Priority:	Standard	Application Received:	10/20/2014

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; transfer of care to and from various providers in various specialties; unspecified amounts of physical therapy; unspecified amounts of manipulative therapy; and several months off of work. In a Utilization Review Report dated September 15, 2014, the claims administrator denied a request for functional capacity testing apparently already performed on August 13, 2014. The claims administrator invoked non-MTUS ODG guidelines in its denial, despite the fact that the MTUS addressed the topic. The applicant underwent computerized range of motion testing, computerized strength testing, and some form of functional capacity testing on August 13, 2014, the results of which were not clearly stated. In an August 12, 2014, Doctor's First Report (DFR), it was acknowledged that the applicant has ongoing complaints of low back and mid back pain, exacerbated by lifting and carrying. The applicant had developed issues with depression and anxiety associated with loss of income. The applicant had been terminated by his former employer, it was noted, and apparently did not have a job to return to. The applicant stated that there is some element of cumulative trauma to his claim. The computerized range of motion testing/functional capacity testing/strength testing was apparently endorsed, along with a rather proscriptive 10-pound lifting limitation.

IMR ISSUES, DECISIONS AND RATIONALES

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

FCE - 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

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, the applicant no longer has a job to return to. The FCE at issue was apparently performed one day after the applicant initiated treatment with the requesting provider. The results of the FCE in question were not clearly stated. It was not stated how the FCE in question would influence or alter the treatment plan. It is unclear why the FCE was performed, given the fact that the applicant did not have a job to return to and/or had not completed much in the way of treatment on and around the date the FCE in question was sought. Therefore, the request was not medically necessary.