MAXIMUS Federal Services

Case Number:	CM14-0021025		
Date Assigned:	02/21/2014	Date of Injury:	08/13/2009
Decision Date:	06/24/2014	UR Denial Date:	12/26/2013
Priority:	Standard	Application Received:	01/08/2014

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 neck pain, low back pain, and knee pain with derivative stress and anxiety reportedly associated with an industrial injury of August 13, 2009. Thus far, the applicant has been treated with the following: Analgesic medications; attorney representation; transfer of care to and from various providers in various specialties; electrodiagnostic testing of April 2011 and June 2013, notable for an active lumbar radiculopathy; an earlier lumbar laminectomy and fusion surgery in December 2012; and unspecified amounts of chiropractic manipulative therapy over the life of the claim. In a Utilization Review Report dated December 26, 2013, the claims administrator denied a request for functional capacity testing. Little or no rationale was provided. The claims administrator exclusively cited non-MTUS Guidelines, including Chapter 7 ACOEM Guidelines which it mistakenly labeled as originating from the MTUS. Also cited were non-MTUS Guidelines. The applicant's attorney subsequently appealed. In a January 13, 2014, chiropractic progress note, the applicant was described as reporting persistent complaints of neck pain, low back pain, and knee pain. The applicant was asked to obtain a TENS unit, physical therapy, and chiropractic manipulative therapy and return to regular duty work. Functional capacity evaluation was earlier sought through a handwritten note dated December 9, 2013, again not entirely legible and difficult to follow. At the same time, electrodiagnostic testing, motion x-rays, MRI imaging, medication management consultation, and a psychiatry consultation were also sought.

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: Decision based on MTUS ACOEM Page(s): 132-139. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Fitness for Duty Chapter

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 consideration of functional capacity testing when needed to translate functional impairment into restrictions and limitations, in this case, per the attending provider, the applicant has been returned to regular work. It is unclear why functional capacity testing is needed or indicated here if the applicant is in fact working regular duty and tolerating it. No clear narrative, rationale, or commentary was attached to the request for authorization so as to make a case for the study in question. Therefore, the request is not medically necessary.