MAXIMUS Federal Services

Case Number:	CM14-0025064		
Date Assigned:	06/11/2014	Date of Injury:	10/22/2010
Decision Date:	07/15/2014	UR Denial Date:	02/09/2014
Priority:	Standard	Application Received:	02/27/2014

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 Orthopaedic Surgery and is licensed to practice in Mississippi. 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 66-year-old male injured on 10/22/2010. The mechanism of injury was noted as a motor vehicle accident. A progress note, dated 9/13/2013, indicated that there were ongoing complaints of neck pain and low back pain and recommended a functional capacity evaluation, which was non-certified on 2/8/2014 based on ODG guidelines. Physical examination demonstrated cervical spine range of motion: flexion 28 extension 37, left/right lateral bending 30, right rotation 46, left rotation 58 ; lumbar spine range of motion: flexion 17, extension 14, right lateral bending 17, left lateral bending 14. Sensation intact in upper/lower extremities bilaterally. Motor strength: 5-/5 left deltoid, external rotation, wrist extension, wrist flexion, triceps, interossei, finger flexion and extension; 5/5 left biceps and internal rotation; right upper extremity 5/5; lower extremity 5/5 bilaterally. Decreased Biceps, Brachioradialis, Triceps, Patellar and Achilles reflexes bilaterally. Negative Hoffman's; one beat of clonus bilaterally; straight leg raise positive bilaterally at 60 causing low back pain, only; Slump Test positive; Lasegue maneuver negative; L'hermitte sign positive; and Spurling negative. MRI the cervical spine, dated 10/19/2011, showed degenerative disc disease with facet arthropathy; anteriorlisthesis C2-C3, retrolisthesis C6-C7; canal stenosis at C3-C4 mild, C4-C5 mild to moderate, C5-C6 and C6-C7 moderate; neural foraminal narrowing at C6-C7 moderate right. MRI lumbar spine, dated 4/9/2011, demonstrated multilevel degenerative changes resulting in mild to moderate multilevel neural foraminal stenosis from L2 to S1; mild spinal canal stenosis at L3-L4. Previous treatment included physical therapy, chiropractic care, injections and medications.

IMR ISSUES, DECISIONS AND RATIONALES

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

RETROSPECTIVE REQUEST FOR 1 FUNCTIONAL CAPACITY EVALUATION DOS:10/07/2013: Overturned

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Functional Capacity Evaluations. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Fitness for Duty.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation American College of Occupational and Environmental Medicine (ACOEM), 2nd Edition, (2004), Chapter 7: Independent Medical Examinations and Consultations, Referral Issues and the IME Process (electronically sited).

Decision rationale: The American College of Occupational and Environmental Medicine (ACOEM) practice guidelines support the use of functional capacity evaluations if the clinician feels that such information is crucial. Based on clinical documentation provided, the primary treating physician indicated that functional capacity evaluation was necessary for further medical management. As such, the request is considered medically necessary.