MAXIMUS Federal Services

Case Number:	CM14-0034208		
Date Assigned:	06/20/2014	Date of Injury:	11/17/1999
Decision Date:	08/05/2014	UR Denial Date:	02/25/2014
Priority:	Standard	Application Received:	03/19/2014

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 an industrial injury of November 17, 1999. Thus far, the applicant has been treated with the following: Analgesic medications; attorney representation; cervical and lumbar MRI imaging, notable for multilevel low-grade disk protrusions of uncertain clinical significance; and the apparent imposition of permanent work restrictions through a 2009 medical-legal evaluation. In a Utilization Review Report dated February 25, 2014, the claims administrator did not grant the request for functional capacity evaluation, citing non-MTUS Chapter 7 ACOEM Guidelines. The claims administrator, it is incidentally noted, stated that it was citing certain guidelines in one section of the report and ultimately cited alternative guidelines in another section of the report. The applicant's attorney subsequently appealed. In a January 15, 2014 progress note, the applicant was described as previously permanent and stationary, as of 2009. The applicant presented with persistent complaints of neck pain and a slow gait. It was stated that the applicant should pursue an L4-S1 percutaneous shaver diskectomy. It did not appear that the applicant was working with permanent limitations in place.

IMR ISSUES, DECISIONS AND RATIONALES

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

Functional Capacity Evaluation QTY: 1.00: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation ACOEM, Occupational Medical Practice

Guidelines, Second Edition (2004), guidelines page 48-49, Table 12-8 pages 308-310, Table 8-8 pages 181-185.

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

Decision rationale: . No, the proposed functional capacity evaluation is not medically necessary, medically appropriate, or indicated here.While the MTUS-adopted ACOEM Guidelines in Chapter 2, page 21 do suggest considering functional capacity testing to help translate functional impairment into limitations and restrictions, in this case, however, the applicant is seemingly off of work. It is not clearly stated that the applicant is intent on returning to the workplace and/or workforce. It is unclear why some formal quantification of the applicant's abilities and capabilities is needed. It is further noted that the applicant is intent on pursuing a lumbar diskectomy surgery, which would influence the applicant's clinical and functional state. Functional capacity testing is not, consequently, indicated at this juncture. Therefore, the request is not medically necessary.