

Case Number:	CM14-0034816		
Date Assigned:	06/20/2014	Date of Injury:	01/13/2013
Decision Date:	07/25/2014	UR Denial Date:	03/05/2014
Priority:	Standard	Application Received:	03/20/2014

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 Physical Medicine and Rehabilitation, 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 injured worker is a 59-year-old who reported an injury on January 13, 2013. The mechanism of injury was not provided. On June 3, 2013, the injured worker presented with low back pain. He also had complaints of numbness, tingling, headaches, and spasms. Prior therapy included Biofreeze gel, medications, and physical therapy. Upon examination, the provider noted that the injured worker appears well nourished, developed, and groomed, and he appears to have no apparent distress, mood and affect are appropriate, he is alert and oriented to person, place, time, and event, and judgement, insight, and memory appear intact. The diagnoses were lumbosacral spondylosis without myelopathy and lumbar spine neuritis or radiculitis. The provider recommended a functional restoration program evaluation. The provider's rationale was not provided. The request for authorization form was not included in the medical documents for review.

IMR ISSUES, DECISIONS AND RATIONALES

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

Functional Restoration Program (FRP) evaluation: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 31-32.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 5 Cornerstones of Disability Prevention and Management Page(s): 77-89.. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Fitness for Duty, Functional Restoration Programs (FCE).

Decision rationale: The Cornerstones of Disability Prevention and Management Chapter of the American College of Occupational and Environmental Medicine (ACOEM) Practice Guidelines state that an FCE may be necessary to obtain a more precise delineation of the injured worker's capability that is available for routine physical examination, under some circumstances. This can be done by ordering a Functional Capacity Evaluation of the injured worker. The Official Disability Guidelines further state that a Functional Capacity Evaluation may be used prior to admission to a work hardening program with preference for assessment tailored to a specific job or task. The Functional Capacity Evaluation is not recommended as routine use, as part of occupational rehab or screening or generic assessment in which the question is whether someone can do any type of job generally. The documentation does not state how the Functional Capacity Evaluation will aid the provider in the injured worker's treatment plan and goals. There was lack of documentation of physical exam findings demonstrating significant functional deficit. There is also lack of documentation of other treatments the injured worker underwent previously and the measures of progress as well as efficacy of the prior treatments. The provider's rationale for the request was not provided within the medical documents. Therefore, the request for an FRP evaluation is not medically necessary or appropriate.