

Case Number:	CM14-0035560		
Date Assigned:	06/23/2014	Date of Injury:	07/27/2012
Decision Date:	09/05/2014	UR Denial Date:	03/05/2014
Priority:	Standard	Application Received:	03/24/2014

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 July 27, 2012. 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; unspecified amounts of chiropractic manipulative therapy; and unspecified amounts of physical therapy over the course of the claim. In a Utilization Review Report dated March 5, 2014, the claims administrator denied a request for neuromuscular functional measures apparently performed on April 10, 2013. On December 30, 2013, the applicant was placed off of work, on total temporary disability. Prescriptions for Norco, Protonix, and Naprosyn were issued. The applicant presented with primary complaints of low back and neck pain. On January 14, 2014, the applicant was given permanent work restrictions through a medical legal evaluation and an 8% whole person impairment rating. The applicant was not working, it was acknowledged.

IMR ISSUES, DECISIONS AND RATIONALES

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

RETRO: Neuromuscular (Functional Measure) DOS 04-10-13: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

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

Decision rationale: The request in question apparently represented a request for some form of functional capacity testing or functional capacity evaluation. While the MTUS Guideline in ACOEM Chapter 2, page 21 does support functional capacity evaluations when necessary and did translate medical impairment into limitations and restrictions, in this case, however, it was not clear why the applicant needed to have some quantification of limitations and/or restrictions. The applicant ultimately failed to return to work. It did not appear that the functional capacity testing in question altered or influenced the treatment plan in anyway. The applicant had seemingly remained off of work for the duration of the claim. Quantification of the applicant's capabilities via the proposed neuromuscular functional measures perform on April 20, 2013 was not indicated. Therefore, the request is not medically necessary.