

Case Number:	CM14-0038481		
Date Assigned:	07/25/2014	Date of Injury:	07/09/2012
Decision Date:	08/28/2014	UR Denial Date:	03/04/2014
Priority:	Standard	Application Received:	04/02/2014

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 Anesthesiology, has a subspecialty in Pain Medicine and is licensed to practice in Texas. 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 male with an injury date of 07/09/12. The injury was sustained when he injured his low back due to a fall from a compactor. Treatment to date is noted to include physical therapy, chiropractic, acupuncture, lumbar injections, and medications. The injured worker complains of neck pain, low back pain, and shoulder pain. A lumbar MRI dated 08/08/12 revealed diffuse disc bulging and evidence of foraminal stenosis. Electro-diagnostic testing of the bilateral lower extremities on 04/18/13 was reported as a normal study. The records indicate that the injured worker is at maximum medical improvement with a whole person impairment rating of 6%. He is noted to remain totally disabled from work with difficulty lifting more than 20 pounds.

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.

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, page(s) 511 Official Disability Guidelines (ODG): Fitness for Duty, Functional capacity evaluation (FCE).

Decision rationale: The injured worker underwent a Functional Capacity Evaluation (FCE) on 02/24/14. There is no evidence of significant change in the injured worker's condition that would support the need for a repeat FCE. There is no documentation that the injured worker has had prior unsuccessful return to work attempts. There is no evidence of conflicting medical reporting on precautions and/or fitness for modified job. Based on the clinical information provided, medical necessity is not established for a functional capacity evaluation. Therefore, the request for a functional capacity evaluation is not medically necessary.