

Case Number:	CM14-0049077		
Date Assigned:	07/07/2014	Date of Injury:	06/02/2012
Decision Date:	09/05/2014	UR Denial Date:	04/01/2014
Priority:	Standard	Application Received:	04/17/2014

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 June 2, 2012. Thus far, the applicant has been treated with analgesic medications; transfer of care to and from various providers in various specialties; unspecified amounts of physical therapy; electrodiagnostic testing of October 1, 2012, notable for a possible SI radiculopathy; and work restrictions. In a Utilization Review Report dated April 1, 2014, the claims administrator denied a request for functional capacity evaluation for lumbar spine, citing the functional improvement measures topic on page 48 of the MTUS Chronic Pain Medical Treatment Guidelines in conjunction with non-MTUS ODG Guidelines. The claims administrator did not, however, incorporate either set of guidelines into its rationale. The applicant's attorney subsequently appealed. On April 30, 2014, the applicant was described as off of work, on total temporary disability, having last worked some 22 months prior. Permanent work restrictions were reportedly imposed on March 10, 2013. An 8% whole person impairment rating was issued. On this occasion, the attending provider suggested that the applicant obtain a Functional Capacity Evaluation.

IMR ISSUES, DECISIONS AND RATIONALES

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

Functional capacity evaluation for the lumbar spine: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) for performing an FCE.

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

Decision rationale: While the MTUS Guideline in ACOEM Chapter 2, page 21 does suggest considering functional capacity evaluations when necessary to translate medical impairment into limitations and restrictions, in this case, however, the attending provider has not clearly outlined why it is necessary to obtain an Functional Capacity Evaluation to translate the applicant's impairment into limitations or restrictions when the attending provider has already done this for himself. It was suggested on the progress note referenced above that the attending provider apparently imposed permanent work restrictions in 2013 and 2014. The applicant does not appear to have a job to return to and is no longer working. It is unclear why it is necessary to stratify or formally quantify the applicant's impairment via a Functional Capacity Evaluation. Therefore, the request is not medically necessary.