

Case Number:	CM14-0062237		
Date Assigned:	07/11/2014	Date of Injury:	04/18/2013
Decision Date:	08/21/2014	UR Denial Date:	04/17/2014
Priority:	Standard	Application Received:	05/05/2014

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 April 18, 2013. Thus far, the applicant has been treated with the following: Analgesic medications; attorney representations; transfer of care to and from various providers in various specialties; unspecified amounts of physical therapy; and unspecified amounts of chiropractic manipulative therapy. In a Utilization Review Report dated April 17, 2014, the claims administrator denied a request for functional capacity testing of the lumbar spine, citing non-MTUS Chapter 7 ACOEM Guidelines, which it mislabeled as originating from within the MTUS. The applicant's attorney subsequently appealed. A June 9, 2014 progress note is notable for comments that the applicant has persistent complaints of neck pain, mid back pain, and low back pain. The applicant was given a variety of oral topical medications, including Naprosyn, Prilosec, Flexeril, Norco, and several topical compounded drugs. The applicant's work status was not clearly stated on this date. In a May 30, 2014 chiropractic progress note, the applicant was placed off of work, on total temporary disability. MRI imaging of the thoracic and lumbar spines, a combination of EMS-TENS unit, 12 sessions of acupuncture, electrodiagnostic testing, a medication management consultation, and a functional capacity evaluation were sought. No clear rationale for any of the tests or requests in question was proffered by the attending provider.

IMR ISSUES, DECISIONS AND RATIONALES

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

FCE (FUNCTIONAL CAPACITY EVALUATION) THORACIC LUMBAR: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation ACOEM, CHAPTER 7, INDEPENDENT MEDICAL EXAMINATIONS AND CONSULTATIONS. PAGE 132-139.

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 a functional capacity evaluation when necessary to translate medical impairment into functional limitations and to determine work capability, in this case, however, the applicant is off of work, on total temporary disability. It does not appear that the applicant has a job to return to or that the applicant is intent on returning to the workplace and/or workforce. No clear rationale for the FCE in question was provided by the attending provider so as to augment the ACOEM recommendation. Therefore, the request is not medically necessary.