

Case Number:	CM14-0067044		
Date Assigned:	07/11/2014	Date of Injury:	08/24/2012
Decision Date:	09/18/2014	UR Denial Date:	04/21/2014
Priority:	Standard	Application Received:	05/12/2014

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 & Rehabilitation and is licensed to practice in Nevada. 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 records presented for review indicate that this 55 year-old female was reportedly injured on 8/24/2012. The mechanism of injury is not listed. The most recent progress note, dated 3/11/2014 indicates that there are ongoing complaints of neck pain that radiates to his head, low back pain that radiates into the bilateral lower extremities, abdominal pain, stress and nervousness. The physical examination demonstrated cervical spine: 3+ spasm and tenderness to the bilateral paraspinal muscles from C4-7, bilateral sub occipital muscles and bilateral upper shoulder muscles. Distraction test was positive bilaterally. Shoulder depression test was positive bilaterally. Bilateral triceps reflex was decreased. Lumbar spine: 3+ spasm and tenderness to the bilateral lumbar paraspinal muscles from L3-S1 and multifidus. Kemps test was positive bilaterally, straight leg raise test was positive bilaterally. Yeoman's test was positive bilaterally. Bilateral patellar reflex was decreased. Right Achilles reflex was decreased. Diagnostic imaging studies include an MRI of the lumbar spine dated 1/23/2014 which reveals L4-5 annular tear. Disc protrusion results in abutment of the descending L5 nerve root bilaterally, mild central canal narrowing and foraminal disc protrusion with some abutment of the exiting right L4 nerve root and L3-4 disc protrusion with minimal abutment of the existing L3 nerve root. Previous treatment includes acupuncture, medications, functional capacity evaluation 2/20/2014, and conservative treatment. A request had been made for functional capacity evaluation X 1, and was not certified in the pre-authorization process on 4/21/2014.

IMR ISSUES, DECISIONS AND RATIONALES

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

Qualified Functional Capacity Evaluation x1 evaluation: 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), Functional Capacity Evaluation.

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) - Independent Medical Examinations and Consultations - Referral Issues and the IME Process - (electronically sited).

Decision rationale: The ACOEM practice guidelines support the use of functional capacity evaluations (FCE) when necessary to translate medical evidence of functional limitations to determine work capability. The ODG details the recommendation to consider a FCE if the patient has evidence of prior unsuccessful return to work attempts or there is conflicting medical reporting on precautions and/or fitness for a modified job or if the patient's injuries are such that require a detailed exploration of the workers abilities. Review of the available medical records, indicate the claimant has returned to work with modified duty, and the treating physician has requested this in order to provide objective measures throughout therapy. As such, the guideline criteria have not been met therefore the request is not medically necessary.