

Case Number:	CM14-0067871		
Date Assigned:	07/25/2014	Date of Injury:	04/25/2009
Decision Date:	10/15/2014	UR Denial Date:	05/02/2014
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 Occupational Medicine, and is licensed to practice in Iowa. 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 patient is a 51 year-old female with a date of injury of 4/25/2009. A review of the medical documentation indicates that the patient is undergoing treatment for chronic low back pain. Subjective complaints (5/3/2014) include intermittent low and occasional mid back pain. Objective findings (5/3/2014) include tenderness and spasms in the mid and lower back, positive straight leg test on the right side, decreased range of motion in the lumbar spine, and intact motor and sensory exam. The medical documentation states the patient has undergone tests including EMG (lower extremities), MRI, and X-rays (lower back), but results from these studies were not documented. The patient has previously undergone TENS unit therapy and medication therapy. A utilization review dated 5/2/2014 did not certify the request for 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: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Work Hardening Page(s): 125. Decision based on Non-MTUS Citation Official Disability Guidelines

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 2 General Approach to Initial Assessment and Documentation Page(s): 21-42. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Fitness for Duty, Functional capacity evaluation (FCE)

Decision rationale: According to MTUS guidelines, ACOEM recommends use of a functional capacity evaluation (FCE) when necessary to translate medical impairment into functional limitations and determine work capability, in the event that a more precise delineation is needed than can be elicited from routine physical examination. ODG also does not recommend as part of routine evaluation, and only recommends in certain circumstances, such as prior to a Work Hardening program, when case management is complicated by complex issues and should only be done at an appropriate time to assist placement or medical determination. The medical documentation available outlines the patient's limitations and the latest visit indicates there is no change from prior visits. The documentation makes no indication that any additional information on the patient's capabilities is necessary to determine work status or capabilities. The only mention of work status is that the patient stated that she had returned to work and her employer was unable to accommodate her restrictions; no other detail is given. Therefore, the request for a functional capacity evaluation is not medically necessary at this time.