

Case Number:	CM14-0077369		
Date Assigned:	07/18/2014	Date of Injury:	11/22/2012
Decision Date:	09/24/2014	UR Denial Date:	04/24/2014
Priority:	Standard	Application Received:	05/27/2014

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 and Rehabilitation 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 45 year old female whose date of injury is 11/22/2012. The mechanism of injury is described as a slip and fall while carrying containers of food. Diagnoses are cervicalgia, C5-7 degenerative disc disease, and pain in joint upper arm. Cervical magnetic resonance image dated 06/04/13 revealed right paracentral disc protrusion at C6-7 cause's spinal cord compression, borderline spinal stenosis at C5-6, and disc narrowing. Progress note dated 04/11/14 indicates that the injured worker has pain and tightness to the neck and upper back. The injured worker was recommended for functional capacity evaluation prior to P&S.

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 Cervical Spine: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Page(s): 138, Chronic Pain Treatment Guidelines.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Fitness for Duty Chapter, Functional capacity evaluation.

Decision rationale: Based on the clinical information provided, the request for functional capacity evaluation cervical spine is not recommended as medically necessary. The submitted

records fail to document that the injured worker has had previous failed return to work attempts as required by the Official Disability Guidelines. The injured worker has been recommended for functional capacity evaluation prior to P&S; however, current evidence based guidelines do not require a functional capacity evaluation prior to this determination. Therefore, medical necessity of the functional capacity evaluation is not established.