

Case Number:	CM14-0084831		
Date Assigned:	07/30/2014	Date of Injury:	03/21/2013
Decision Date:	09/18/2014	UR Denial Date:	05/13/2014
Priority:	Standard	Application Received:	06/06/2014

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 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 injured worker is a 35 year old female who sustained a work related injury on 3/21/13. She has been receiving ongoing treatment for low back pain, including medications, and physical therapy. Her diagnoses include sprain/strain of the lumbar region and sacroiliac region. The treating physician note dated April 28, 2014 indicated that the injured worker continued to have pain that interfered with her activities of daily living. Physical examination showed decreased range of motion of the lumbar spine and normal motor strength and reflexes in the lower extremities. Note indicated that the injured worker's motion and strength was improving. Note indicated that the functional capacity evaluation was to be part of the injured worker's initial evaluation in terms of establishing potential need for a functional restoration program.

IMR ISSUES, DECISIONS AND RATIONALES

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

Functional Capacity Evaluation (FCE): Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Multidisciplinary pain programs.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Functional improvement measures Page(s): 48.

Decision rationale: The injured worker has chronic low back pain that is interfering with her ability to work and perform activities of daily living. The injured worker is currently not working, but it is not clear if she will be returning to work or cannot return to work. Additionally, it is not clear if she has concluded or exhausted treatment and that her baseline functional status must be established. Therefore, a Functional Capacity Evaluation is not medically necessary.