

Case Number:	CM14-0093928		
Date Assigned:	07/25/2014	Date of Injury:	01/13/2013
Decision Date:	09/09/2014	UR Denial Date:	05/21/2014
Priority:	Standard	Application Received:	06/20/2014

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 and Washington. 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 56-year-old female who reported an injury on 01/13/2013. The mechanism of injury was not provided within the documentation submitted for review. The injured worker's diagnosis was noted to be lumbosacral radiculitis and thoracic facet joint arthropathy. The injured worker was noted to have prior treatments of physical therapy, acupuncture, aqua therapy, chiropractic care, trigger joint injections, and use of a back brace. Diagnostic testing was noted to be an MRI. There was no pertinent surgical history. The subjective complaints noted in a clinical evaluation dated 07/03/2014 include increasing low back pain. The physical exam notes tenderness to palpation over the lumbosacral spine, and muscles overlying the facet joints on both sides, trigger points were noted over paraspinal and 2+ muscle spasms were noted over lower paraspinal. Medications were noted to be Baclofen, gabapentin, meloxicam, and tramadol. The treatment plan was a recommendation for a medial branch nerve block. The provider's rationale for the request was not provided within the documentation. The Request for Authorization form was provided within the documentation submitted for review.

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 ACOEM Chapter 2 General Approach to Initial Assessment and Documentation. Decision based on Non-MTUS Citation

Official Disability Guidelines - Treatment in Worker's Compensation - Fitness for Duty
Procedure Summary last updated 05/12/2014.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 5 Cornerstones of Disability Prevention and Management Page(s): 89-92. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Fit for Duty, Fitness for Duty, Functional capacity evaluation (FCE).

Decision rationale: The request for functional capacity evaluation is not medically necessary. The California MTUS/American College of Occupational and Environmental Medicine recognize the functional capacity exam/evaluation as a supported tool for assessing an injured worker's function and functional recovery. The Official Disability Guidelines recommend a functional capacity evaluation prior to admission to a work hardening program, with preference for assessments tailored to a specific task or job. If a worker is actively participating in determining the suitability of a particular job, the functional capacity evaluation is more likely to be successful. A functional capacity evaluation is not as effective when the referral is less collaborative and more directive. The documentation submitted for review fails to provide supportive and objective data that the injured worker is actively participating in the suitability of a particular job. In addition, the documentation does not indicate an admission into a work hardening program. Therefore, the request for functional capacity evaluation is not medically necessary.