

Case Number:	CM14-0193766		
Date Assigned:	12/01/2014	Date of Injury:	09/19/2008
Decision Date:	01/15/2015	UR Denial Date:	10/23/2014
Priority:	Standard	Application Received:	11/19/2014

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 Internal Medicine, has a subspecialty in Palliative Medicine and is licensed to practice in Pennsylvania. 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 34-year-old gentleman with a date of injury of 09/19/2008. The submitted and reviewed documentation did not identify the mechanism of injury. A treating physician note dated 09/25/2014 indicated the worker was experiencing lower back pain and pain in both thighs. The documented examination described decreased motion in the lower back joints and tenderness and stiffness in the lower back muscles. The submitted and reviewed documentation concluded the worker was suffering from lower back pain, lumbar spondylosis, a bulging L5 disk, myofascial pain syndrome, pain in both upper thighs, lumbar facet arthropathy, and left sacroiliitis. Treatment recommendations included oral pain medications, injected pain medication, and a functional capacity evaluation because the worker reported he wanted to return to work. A Utilization Review decision was rendered on 10/23/2014 recommending non-certification for a 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: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Chapter 7: Independent Medical Examinations and Consultations page 132-139 Official Disability Guidelines

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 2 General Approach to Initial Assessment and Documentation, Chapter 5 Cornerstones of Disability Prevention and Management Page(s): 21-22;80-83.

Decision rationale: The MTUS Guidelines support the use of a functional capacity evaluation (FCE) if it is necessary to translate a medical problem into functional limits and/or to determine a worker's capacity to perform work duties. This more precise and detailed assessment is not needed in every case. The submitted and reviewed documentation indicated the worker was experiencing lower back pain and pain in both thighs. These records reported the worker wanted to return to work. However, there was no discussion detailing the reason(s) a functional capacity evaluation was needed in this case. In the absence of such evidence, the current request for a functional capacity evaluation is not medically necessary.