MAXIMUS Federal Services

Case Number:	CM14-0195632		
Date Assigned:	12/03/2014	Date of Injury:	07/03/2014
Decision Date:	01/15/2015	UR Denial Date:	10/22/2014
Priority:	Standard	Application Received:	11/21/2014

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, has a subspecialty in Interventional Spine 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 patient is a 30 year old male with an injury date of 07/03/14. Based on the 08/25/14 progress report, the patient complains of mid to low back pain which he rates as a 6/10. He has a decreased lumbar range of motion and decreased range of motion with forward flexion up to ankles. The 09/22/14 report states that the patient rates his mid to low back pain as a 5/10. The 09/22/14 report provides the same positive exam findings as the 08/25/14 report. The 10/15/14 report indicates that the patient rates his mid to low back pain as a 4-5/10. In regards to his lumbar spine, the patient has a decreased lumbar lordosis and has tenderness to palpation. No additional exam findings were provided. The patient is diagnosed with lumbar sprain/strain. The utilization review determination being challenged is dated 10/22/14. Treatment reports were provided from 08/13/14- 11/13/14.

IMR ISSUES, DECISIONS AND RATIONALES

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

QFCE: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation ACOEM Guidelines Chapter 7, Independent Medical Examinations and Consultations (2004) pages 137-138

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation American College of Occupational and Environmental Medicine (ACOEM), 2nd Edition, (2004) Chapter 7 page 137, QUANTITATIVE FUNCTIONAL CAPACITY EVALUATION

Decision rationale: According to the 10/15/14 report, the patient presents with mid to low back pain which he rates as a 4-5/10. The request is for a Quantitative Functional Capacity Evaluation. The report with the request was not provided. It is unclear if the patient is currently working.The MTUS does not discuss functional capacity evaluations. Regarding Functional/Capacity Evaluation, ACOEM Guidelines Chapter 7 page 137 states, "The examiner is responsible for determining whether the impairment results in functional limitations... The employer or claim administrator may request functional ability evaluations. These assessments also may be ordered by the treating or evaluating physician, if the physician feels the information from such testing is crucial...There is little scientific evidence confirming that FCEs predict an individual's actual capacity to perform in the workplace."There is no discussion provided on the patient's work status and it is unknown if the request was from the employer or the physician. ACOEM supports FCE if asked by the administrator, employer, or if it is deemed crucial. In this case, there is no discussion provided on the requested functional capacity evaluation and the physician does not explain why FCE is crucial. Per ACOEM, there is lack of evidence that FCEs predict the patient's actual capacity to work. The requested Quantitative Functional Capacity Evaluation is not medically necessary.