MAXIMUS Federal Services

Case Number:	CM14-0198307		
Date Assigned:	12/08/2014	Date of Injury:	07/17/2014
Decision Date:	01/27/2015	UR Denial Date:	11/20/2014
Priority:	Standard	Application Received:	11/25/2014

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 Occupational Medicine 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 applicant is a represented [redacted] employee who has filed a claim for low back pain reportedly associated with an industrial lifting injury of March 17, 2014.In a Utilization Review Report dated November 19, 2014, the claims administrator failed to approve a request for a functional capacity evaluation. Non-MTUS Chapter 7 ACOEM Guidelines were invoked and were, furthermore, mislabeled as originating from the MTUS. The claims administrator did reference an October 10, 2014 progress note in its denial.The applicant's attorney subsequently appealed.In said October 10, 2014 progress note, the applicant apparently consulted a pain management physician. The applicant had received physical therapy and manipulative therapy through previous providers, it was acknowledged. The applicant was off of work, on total temporary disability, it was noted. The applicant presented with a primary complaint of low back pain, 5/10, with attendant complaints of insomnia. Manipulative therapy, acupuncture, DNA testing, a TENS unit, trigger point injections, a Toradol injection, topical compounds, Ultracet, Naprosyn, Xanax, Prilosec, and a functional capacity evaluation were sought.

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.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 2 General Approach to Initial Assessment and Documentation Page(s): 21. Decision based on Non-MTUS Citation ODG Fitness for Duty Chapter, Functional Capacity Evaluation topic

Decision rationale: While the MTUS Guideline in ACOEM Chapter 2, page 21 does acknowledge that a functional capacity evaluation can be considered when necessary to translate medical impairment into functional limitations and to determine work capability. In this case, the applicant is off of work and is on total temporary disability. It is not clear whether the applicant even has a job to return to. It was not clear that the applicant is intent on returning to the workplace and/or workforce. ODG's Functional Capacity Evaluation further suggests that functional capacity testing should be considered if case manager has been hampered by prior unsuccessful return to work attempts in applicants who are at or approaching maximum medical improvement. In this case, however, the request in question was initiated on the same date that additional treatment such as physical therapy, manipulative therapy, topical compounds, a transcutaneous Electrical Nerve Stimulation (TENS) unit, trigger point injections, etc., were concomitantly sought. The applicant was not, by definition, at or approaching maximum medical improvement on or around the date of the request, October 10, 2014. It is not clear why functional capacity testing is being sought in the clinical and vocational context present here. Therefore, the request is not medically necessary.