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| Case Number: | CM14-0087026 | | |
| Date Assigned: | 07/23/2014 | Date of Injury: | 04/08/2009 |
| Decision Date: | 03/24/2015 | UR Denial Date: | 05/13/2014 |
| Priority: | Standard | Application Received: | 06/10/2014 |

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. 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/Service. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

The Expert Reviewer has the following credentials:

State(s) of Licensure: Maryland

Certification(s)/Specialty: Internal Medicine, Rheumatology

CLINICAL CASE SUMMARY

The expert reviewer developed the following clinical case summary based on a review of the case file, including all medical records:

This 39-year-old female reported a work-related injury on 4/8/2009. According to the progress notes from the treating provider dated 5/7/2012, the diagnoses are status post C4-C6 anterior cervical microdiscectomy with instrumented fusion; status post left labral repair-rule out recurrent internal derangement and rule out bilateral hip internal derangement versus radiculopathy at L5. She reports "symptomatology" in the lumbar spine radiating to the lower extremities, with weakness more pronounced on the left. Previous treatments include medications, physical therapy and surgery. The treating provider requests functional capacity evaluation. The Utilization Review on 5/13/2014 non-certified functional capacity evaluation, citing ACOEM guidelines.

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 American College of Occupational and Environmental Medicine, 2nd Edition, Chapter 7 Independent Medical Examination and Consultation. (Pages 132-139).

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints
Page(s): 300.

Decision rationale: This 39 year old female has complained of neck pain and low back pain since date of injury 4/8/09. She has been treated with cervical spine surgery, physical therapy and medications. The current request is for a functional capacity evaluation. Per the MTUS guidelines cited above, a functional capacity evaluation is not recommended in the treatment of back pain. Further, there is inadequate provider documentation discussing the rationale for the medical necessity of a functional capacity evaluation. On the basis of this lack of documentation and the cited MTUS guidelines, a functional capacity evaluation is not indicated as medically necessary.