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| Case Number: | CM15-0005444 | | |
| Date Assigned: | 01/16/2015 | Date of Injury: | 08/14/2013 |
| Decision Date: | 03/23/2015 | UR Denial Date: | 12/31/2014 |
| Priority: | Standard | Application Received: | 01/10/2015 |

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: California

Certification(s)/Specialty: Physical Medicine & Rehabilitation

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 46-year-old female who reported an injury on 08/14/2013. The mechanism of injury was a slip and fall. Her diagnoses include lumbar disc disease, chronic lumbar strain, facet syndrome, and reactive depression. Her past treatment was noted to include chiropractic care, acupuncture, medications, and activity modification. The injured worker's symptoms were noted to include low back pain and difficulty sleeping. Her medications included gabapentin. Physical examination findings included decreased motor strength to 4/5 in knee extensors and flexors. She also had decreased sensation over the L4, L5, and S1 dermatomes on the left. It was noted that she was not currently working. However, a functional capacity evaluation was recommended. A rationale for the functional capacity evaluation was not included in the 12/19/2014 note.

IMR ISSUES, DECISIONS AND RATIONALES

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

1 Functional Capacity Evaluation (FCE) to the low back, as an outpatient between 12/30/2014 and 2/10/2015: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines- Fitness for Duty; Functional Capacity Evaluation

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Fitness for duty, Functional Capacity Evaluation.

Decision rationale: According to the Official Disability Guidelines, a functional capacity evaluation (FCE) may be recommended prior to a work hardening program, case management is hampered by complex issues, or when the patient is close to or at a maximum medical improvement. The clinical information submitted for review did not include a rationale for the requested functional capacity evaluation. Additionally, it was specified that the injured worker was not working. There was also no documentation of a plan for a work hardening program. As she was not shown to have a current job with a specific physical demand level, the necessity of a functional capacity evaluation cannot be established. For the reasons noted above, and in the absence of clear indication for a functional capacity evaluation at this time, the request is not medically necessary.