

Case Number:	CM15-0010065		
Date Assigned:	01/27/2015	Date of Injury:	03/09/2011
Decision Date:	04/21/2015	UR Denial Date:	12/24/2014
Priority:	Standard	Application Received:	01/16/2015

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: New York, Pennsylvania, Washington
 Certification(s)/Specialty: Internal Medicine, Geriatric Medicine

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 52 year old female sustained an industrial injury on 3/9/11. She subsequently reports chronic low back pain with radiation into the left leg. Diagnoses include lumbar strain and radiculopathy. An MRI of the lumbar spine dated 10/15/14 revealed osteoarthritis and degenerative disc disease. Prior treatments include epidural steroid injections, physical therapy, a nerve ablation procedure and pain medications. The UR decision dated 12/24/14 non-certified the Functional Capacity Evaluation x1. The decision to non-certify the Functional Capacity Evaluation x1 was based on CA MTUS- Chronic Pain guidelines.

IMR ISSUES, DECISIONS AND RATIONALES

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

Functional Capacity Evaluation times 1: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Functional restoration programs (FRPs).

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 1 Prevention, Chapter 2 General Approach to Initial Assessment and Documentation Page(s): 12, 21.

Decision rationale: Per the ACOEM, there is not good evidence that functional capacity evaluations are correlated with a lower frequency of health complaints and injuries. Such evaluations can translate medical impairment into functional limitations and determine work capability. This injured worker was already able to participate in physical therapy and medications are documented as beneficial. The records do not support that the worker has had prior unsuccessful return to work attempts to substantiate the medical necessity for a functional capacity evaluation. Therefore, the request is not medically necessary.