

Case Number:	CM15-0136303		
Date Assigned:	07/24/2015	Date of Injury:	02/01/2014
Decision Date:	08/31/2015	UR Denial Date:	06/18/2015
Priority:	Standard	Application Received:	07/14/2015

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: Pennsylvania, Ohio, 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 50 year old female, who sustained an industrial injury on 2/1/14. The injured worker has complaints of neck pain. The documentation noted that there is paraspinal spasm, trigger points, no motor or sensory deficits. The diagnoses have included cervical spondylosis without myelopathy. Treatment to date has included magnetic resonance imaging (MRI) showed degenerative changes greatest at C5-C6; epidural injections; electromyography on 4/6/14 showed there was no finding of nerve root damage; tramadol; omeprazole; norco; naproxen and flexeril. The request was for functional/work capacity evaluation.

IMR ISSUES, DECISIONS AND RATIONALES

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

Functional/work capacity evaluation: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG).

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Work Conditioning Page(s): 125.

Decision rationale: MTUS recommends that a functional capacity evaluation should be done with respect to a patient's ability to perform a specific proposed return-to-work job. The records in this case suggest an FCE instead from the more generalized perspective of the patient's physical abilities. This proposed treatment plan is not medically necessary.