

Case Number:	CM15-0162085		
Date Assigned:	08/28/2015	Date of Injury:	08/01/2013
Decision Date:	10/06/2015	UR Denial Date:	08/13/2015
Priority:	Standard	Application Received:	08/18/2015

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: Texas, New York, California
 Certification(s)/Specialty: Preventive Medicine, Occupational 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:

The applicant is a represented 54-year-old who has filed a claim for chronic neck and low back pain reportedly associated with an industrial injury of August 1, 2013. In a Utilization Review report dated August 13, 2015, the claims administrator failed to approve a request for a functional capacity evaluation apparently sought via an August 6, 2015 order form. Non-MTUS Chapter 7 ACOEM Guidelines were cited and were, furthermore, mislabeled as originating from the MTUS. The applicant's attorney subsequently appealed. On said August 6, 2015 RFA form, a cervical collar, lumbar support, gym membership, and a functional capacity evaluation at issue were sought, in conjunction with a steroid injection, Ultram, and Naprosyn. In an associated progress note dated August 5, 2015, the applicant reported ongoing complaints of low back, neck, and leg pain, 5-6/10. A functional capacity evaluation was apparently sought on the recommendation of a medical-legal evaluator, it was reported. Tramadol, Flexeril, and Naprosyn were seemingly renewed. A cervical MRI was sought. A cane was endorsed. The applicant was given a rather proscriptive 20-pound lifting limitation, which, the treating provider acknowledged, was not being accommodated. The applicant was receiving unemployment compensation benefits, it was suggested on this date.

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 ACOEM, Chapter 7, Independent Medical Examinations & Consultations, Official Disability Guidelines, Fitness for Duty.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 2 General Approach to Initial Assessment and Documentation Page(s): 21, Chronic Pain Treatment Guidelines Work conditioning, work hardening Page(s): 125.

Decision rationale: No, the request for a functional capacity evaluation was not medically necessary, medically appropriate, or indicated here. While the MTUS Guideline in ACOEM Chapter 2, page 21 does suggest considering a functional capacity evaluation when necessary to translate medical impairment into limitations and restrictions and to determine work capability. Here, however, the applicant was off of work and receiving unemployment compensation benefits, it was reported on August 5, 2015. It was not clearly stated why a functional capacity evaluation was sought when it did not appear that the claimant had a job to return to and/or that the claimant was intent on returning to workplace and/or workforce. While page 125 of the MTUS Chronic Pain Medical Treatment Guidelines does endorse usage of a functional capacity evaluation as a precursor to enrollment in a work hardening program, here, however, there was no mention of the applicant's actively considering or contemplating work hardening on or around the date of the request, August 5, 2015. Therefore, the request was not medically necessary.