

Case Number:	CM15-0181267		
Date Assigned:	09/22/2015	Date of Injury:	10/01/2013
Decision Date:	10/27/2015	UR Denial Date:	08/20/2015
Priority:	Standard	Application Received:	09/15/2015

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: Connecticut, California, Virginia
 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 injured worker is a 42 year old female, who sustained an industrial injury on October 1, 2013. The injured worker was being treated for cervical disc herniation. Medical records (May 13, 2015 to August 5, 2015) indicate ongoing low back pain. The medical records show slight improvement of the subjective pain rating from 3-4 out of 10 on June 5, 2015 to 3 out of 10 on August 5, 2015. The physical exam (May 13, 2015 to August 5, 2015) reveals mildly restricted cervical range of motion and trace right triceps muscle weakness. On April 9, 2015, the injured worker underwent an anterior cervical discectomy with bilateral foraminotomy with anterior interbody fusion. Treatment has included at least 15 sessions of physical therapy, off work, and medications including topical pain (Terocin patch), steroid (Dexamethasone), muscle relaxant. Per the treating physician (August 5, 2015 report), the injured worker remains temporarily totally disabled. On August 15, 2015, the requested treatments included a functional capacity evaluation. On August 20, 2015, the original utilization review non-certified a request for a functional capacity evaluation.

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 Practice Guidelines 2nd Edition Chapter 7 Independent Medical Examinations and Consultations pp 132-139.

MAXIMUS guideline: Decision based on MTUS General Approaches 2004, Section(s): Initial Approaches to Treatment.

Decision rationale: Utilization review found that FCE was not substantiated as there is no evidence that the patient will return to work under modified conditions, etc. Additionally, no specific job description or position information regarding employment is provided to substantiate the need for functional capacity evaluation. Per the MTUS guidelines, a functional capacity evaluation is most useful when there is a specific job description or position that is identified and the case warrants further analysis regarding work capacity. Functional capacity evaluation is useful to translate medical impairment into functional limitations in the determination of work capability. With no supporting documents to indicate details that warrant such an evaluation, the request for FCE is not medically necessary at this time.