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| Case Number: | CM15-0201290 | | |
| Date Assigned: | 10/16/2015 | Date of Injury: | 05/04/2012 |
| Decision Date: | 12/02/2015 | UR Denial Date: | 10/13/2015 |
| Priority: | Standard | Application Received: | 10/14/2015 |

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: 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 55-year-old who has filed a claim for chronic low back pain (LBP) reportedly associated with an industrial injury of May 4, 2012. In a Utilization Review report dated November 13, 2015, the claims administrator failed to approve request for a functional capacity evaluation. The claims administrator referenced progress notes and RFA forms of August 14, 2015 and October 6, 2015 in its determination. The applicant's attorney subsequently appealed. On September 28, 2015, the applicant reported ongoing complaints of low back pain radiating to the left lower extremity, ancillary complaints of left knee pain were reported. The applicant was on Norco and Viagra. The applicant had undergone a failed epidural steroid injection earlier in 2015, it was reported. A functional capacity evaluation was endorsed while the applicant was kept off of work. It was not stated how (or if) said functional capacity testing would influence or alter the treatment plan.

IMR ISSUES, DECISIONS AND RATIONALES

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

Functional Capacity Evaluation (\$1150.00 x1 with paulette cass MD): Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009. Decision based on Non-MTUS Citation ACOEM, Chapter 7 Official Disability Guidelines (ODG).

MAXIMUS guideline: Decision based on MTUS General Approaches 2004, Section(s): General Approach to Initial Assessment and Documentation, and Chronic Pain Medical Treatment 2009, Section(s): Work conditioning, work hardening.

Decision rationale: No, the request for a functional capacity evaluation (FCE) was not medically necessary, medically appropriate, or indicated here. While the MTUS Guideline in ACOEM Chapter 2, page 21 does suggest considering using a functional capacity when necessary and translate medical impairment into limitations and restrictions, and to determine what capability, here, however, the applicant was placed off of work, on total temporary disability, as of the date in question, September 28, 2015. It did not appear that the applicant had a job to return to over the two and half years removed from the date of injury. There was no mention of the applicant's willingness to return to the workplace and/or workforce. It was not stated how, in short, said FCE would influence or alter the applicant's work or functional status. It was not clearly stated why FCE testing was sought in the clinical and/or vocational context present here. While page 125 of the MTUS Chronic Pain Medical Treatment Guidelines does support usage of a Functional Capacity Evaluation (FCE) as a precursor to enrollment in a work conditioning or work hardening program, here, however, there was no mention of the applicant's intent to enroll in a work hardening program on or around the date in question. Therefore, the request was not medically necessary.