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| Case Number: | CM15-0024508 | | |
| Date Assigned: | 02/17/2015 | Date of Injury: | 03/19/2010 |
| Decision Date: | 03/31/2015 | UR Denial Date: | 01/08/2015 |
| Priority: | Standard | Application Received: | 02/09/2015 |

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, Ohio, 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 57-year-old [REDACTED] beneficiary who has filed a claim for chronic pain syndrome reportedly associated with an industrial injury of March 19, 2010. In a Utilization Review Report dated January 8, 2015, the claims administrator failed to approve a request for a functional capacity evaluation. A December 19, 2014 progress note was referenced in the determination. It was suggested that the applicant had been off of work for somewhere between three to four years on or around the date of the request. The applicant's attorney subsequently appealed. In a January 26, 2015 appeal letter, the attending provider stated that he was in fact seeking a functional restoration program evaluation as opposed to a functional capacity evaluation. The attending provider reiterated the presence of the applicant's chronic low back pain and bilateral shoulder pain issues. The attending provider noted that the applicant was using Opana for pain relief. The attending provider seemingly acknowledged that the applicant was not working.

IMR ISSUES, DECISIONS AND RATIONALES

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

Functional capacity evaluation (FCE): Upheld

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

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

Decision rationale: 1. No, the proposed functional capacity evaluation was not medically necessary, medically appropriate, or indicated here. While the MTUS Guideline in ACOEM Chapter 2, page 21 does acknowledge that a functional capacity evaluation will be considered when necessary to translate medical impairment into limitations and to determine work capability, in this case, however, the applicant does not have a job to return to. The applicant was/is off of work, on total temporary disability. The applicant has apparently not worked for what appears to be a minimum of three to four years. Furthermore, the attending provider subsequently acknowledged in an appeal letter that the request for a functional capacity evaluation was made erroneously and that he was actually seeking a functional restoration program evaluation. Therefore, the request was not medically necessary.