

Case Number:	CM15-0043759		
Date Assigned:	03/12/2015	Date of Injury:	11/27/2012
Decision Date:	04/24/2015	UR Denial Date:	02/18/2015
Priority:	Standard	Application Received:	03/09/2015

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: 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 54 year old female, who sustained an industrial injury on November 27, 2012. She has reported neck pain, mid back pain, and lower back pain. Diagnoses have included cervical spine strain with possible discopathy and radiculopathy, thoracic spine strain with disc bulge, and lumbar spine strain with disc bulge. Treatment to date has included medications, heat, ice, acupuncture, and imaging studies. A progress note dated February 11, 2015 indicates a chief complaint of neck pain radiating to the bilateral arms with numbness and tingling, mid back pain, and lower back pain radiating to the left hip with numbness and tingling. The treating physician documented a plan of care that included continuing current medications and follow up in four weeks.

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 American College of Occupational and Environmental Medicine (ACOEM), 2nd Edition, Chapter 7 Independent Medical Examinations and Consultations (pp 132-139).

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation ACOEM guidelines, Chapter 7, p137-139 has the following regarding functional capacity evaluations.

Decision rationale: This patient presents with neck, mid-back, and lower back pain. The request is for FUNCTIONAL CAPACITY EVALUATION. RFA is not available. Per 02/11/15 report, the patient may return to work with the restrictions. Regarding functional capacity evaluations, MTUS is silent, but ACOEM does not recommend them due to their oversimplified nature and inefficacy in predicting future workplace performance. FCEs are indicated for special circumstances and only if it is crucial. It can be ordered if asked by administrator or the employer as well. In this case, the treater does not indicate any special circumstances that would require a functional capacity evaluation. There are no progress reports that provide a useful discussion for this retrospective request. The guidelines do not support routine use of FCE's. It does not predict the patient's capacity to work very well. It is reserved for situation where the information is crucial or when it is requested by the employer or the claims administrator. The request IS NOT medically necessary.