

Case Number:	CM15-0049240		
Date Assigned:	03/23/2015	Date of Injury:	01/17/2003
Decision Date:	05/01/2015	UR Denial Date:	03/09/2015
Priority:	Standard	Application Received:	03/16/2015

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: Utah, Arkansas
 Certification(s)/Specialty: Family Practice

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 53 year old female, who sustained an industrial injury on 1/17/2003. The mechanism of injury was not provided for review. The injured worker was diagnosed as having cervicalgia, lumbago, lumbar disc protrusion, anxiety/depression and fibromyalgia. Recent magnetic resonance imaging showed lumbar disc protrusion. Treatment to date has included physical therapy, medial branch block, home exercise and medication management. Currently, the injured worker complains of neck and low back pain. In a progress note dated 2/4/2015, the treating physician is requesting 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 Official Disability Guidelines (ODG)-Fitness for duty chapter, functional capacity evaluation chapter guidelines for performing FCE.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page 49, Functional Restoration Program.

Decision rationale: MTUS treatment guidelines were reviewed in regards to this specific case, and the clinical documents were reviewed. The request is for Functional Restoration Program. MTUS guidelines state the following: Functional restoration can be considered if there is a delay in return to work or a prolonged period of inactivity. The goals of the program are to help the individual re-assume primary responsibility for their well-being. The clinical documents state the patient has returned to work. According to the clinical documentation provided and current MTUS guidelines; a Functional Restoration Program is not indicated as a medical necessity to the patient at this time.