

Case Number:	CM15-0054669		
Date Assigned:	03/30/2015	Date of Injury:	01/01/2015
Decision Date:	05/05/2015	UR Denial Date:	02/24/2015
Priority:	Standard	Application Received:	03/23/2015

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: 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 31 year old female, who sustained an industrial injury on 1/1/2015. The current diagnoses are post-traumatic headache, cervical muscle spasm, cervical sprain/strain, thoracic myospasm, thoracic sprain/strain, lumbar muscle spasm, and lumbar sprain/strain. According to the progress report dated 1/21/2015, the injured worker complains of frequent headaches associated with dizziness, problems focusing, and difficulty sleeping. The pain is rated 8/10 on a subjective pain scale. Additionally, she complains of continuous middle and low back pain. Her pain increases with prolonged standing, twisting, walking, lifting, bending, stooping, and squatting. She rates her low back pain as 10/10. The current medications are Naproxen, Norco, and Flexeril. Treatment to date has included medication management, x-rays, and CT scan of the head. The plan of care includes functional capacity evaluation, psychological consultation, neurologist visit, Norco, physiotherapy, and MRI of the brain, cervical spine, thoracic spine, and lumbar spine.

IMR ISSUES, DECISIONS AND RATIONALES

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

Functional Capacity Evaluation-Spine (Lumbar/Cervical/Thoracic): 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, Chapter 7.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Fitness For Duty, Functional capacity evaluation (FCE).

Decision rationale: The Official Disability Guidelines state that a functional capacity evaluation is appropriate if, case management is hampered by complex issues and the timing is appropriate; such as if the patient is close to being at maximum medical improvement or additional clarification concerning the patient's functional capacity is needed. Functional capacity evaluations are not needed if the sole purpose is to determine a worker's effort or compliance, or the worker has returned to work. There is no documentation in the medical record to support a functional capacity evaluation based on the above criteria. Functional Capacity Evaluation-Spine (Lumbar/Cervical/Thoracic) is not medically necessary.