

Case Number:	CM14-0140741		
Date Assigned:	09/10/2014	Date of Injury:	11/14/2013
Decision Date:	10/08/2014	UR Denial Date:	07/30/2014
Priority:	Standard	Application Received:	08/29/2014

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. The expert reviewer is Board Certified in Physical Rehabilitation & Pain Management has a subspecialty in Interventional Spine and is licensed to practice in California. 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/services. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

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 patient is a 35 year old with an injury date on 11/14/13. Patient complains of constant, achy lumbar pain radiating into buttocks and right hip pain per 6/24/14 report. The low back pain is rated 7/10, and the right hip pain is rated 8/10 per 6/24/14 report. Based on the 6/24/14 progress report provided by [REDACTED] the diagnoses are: 1. lumbago 2. lumbar radiculitis/neuritis 3. anxiety/depression Exam on 6/24/14 showed "limited range of motion of L-spine, especially extension at 5/25 degrees." [REDACTED] is requesting functional capacity evaluation for lumbar spine and right hip. The utilization review determination being challenged is dated 7/30/14. [REDACTED] is the requesting provider, and he provided treatment reports from 12/2/13 to 6/24/14.

IMR ISSUES, DECISIONS AND RATIONALES

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

Functional capacity evaluation for lumbar spine and right hip: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation ACOEM, Chapter 7 Examinations and Consultations, pages 132-139 Official Disability Guidelines (ODG) Fitness for Duty, Functional Capacity Evaluation

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation ACOEM chapter 7, pg 137-138

Decision rationale: This patient presents with back pain radiating to buttocks and right hip pain. The treating physician has asked for functional capacity evaluation for lumbar spine and right hip on 6/24/14. 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. FCE's 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 treating physician does not indicate any special circumstances that would require a functional capacity evaluation. Routine FCE's is not supported by the guidelines. Therefore, the request is not medically necessary.