

Case Number:	CM14-0156517		
Date Assigned:	09/26/2014	Date of Injury:	03/24/1994
Decision Date:	10/31/2014	UR Denial Date:	08/27/2014
Priority:	Standard	Application Received:	09/24/2014

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 Occupational Medicine 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 applicant is a represented [REDACTED] employee who has filed a claim for chronic low back pain reportedly associated with an industrial injury of March 24, 1994. Thus far, the applicant has been treated with the following: Analgesic medications; transfer of care to and from various providers in various specialties; earlier lumbar spine surgery; earlier shoulder surgery; opioid therapy; sacroiliac joint injection therapy; and extensive periods of time off of work. In a Utilization Review Report dated August 27, 2014, the claims administrator failed to approve a request for a functional capacity evaluation. The claims administrator invoked non-MTUS Chapter 7 ACOEM Guidelines in its denial and mislabeled/misrepresented the said as originating from the MTUS Chronic Pain Medical Treatment Guidelines. The applicant's attorney subsequently appealed. In a progress note dated September 26, 2014, the applicant was placed off of work, on total temporary disability. Persistent complaints of low back pain were noted. The applicant exhibited limited range of motion. Sacroiliac joint injections and trigger point injections were performed. Norco and ketoprofen were renewed. The applicant was placed off of work, on total temporary disability. The attending provider seemingly appealed a previously denied functional capacity evaluation. In an earlier note dated July 2, 2014, the applicant was again placed off of work, on total temporary disability, given refills of Norco and Flexeril for ongoing complaints of low back, knee, and shoulder pain. It was suggested that the applicant was approaching permanent and stationary status.

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: Decision based on MTUS Chronic Pain Treatment Guidelines.

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

Decision rationale: While the MTUS Guideline in ACOEM Chapter 2, page 21 does suggest considering a functional capacity evaluation when necessary to translate medical impairment into limitations and restrictions, in this case, however, the applicant is off of work, on total temporary disability. There is no indication that the applicant has a job to return to and/or is intent on returning to the workplace and/or workforce. It is unclear what role the proposed functional capacity testing would serve in the context present here. Therefore, the request is not medically necessary.