

<b>Case Number:</b>	CM14-0214412		
<b>Date Assigned:</b>	01/07/2015	<b>Date of Injury:</b>	01/28/2013
<b>Decision Date:</b>	03/03/2015	<b>UR Denial Date:</b>	12/05/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	12/22/2014

### 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. 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: Texas, Ohio, 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 applicant is a represented [REDACTED] beneficiary who has filed a claim for chronic neck pain reportedly associated with an industrial injury of January 20, 2013. In a Utilization Review Report dated December 12, 2014, the claims administrator failed to approve requests for a return visit, a follow-up visit with another provider, and a functional capacity evaluation. The claims administrator referenced a November 22, 2014 progress note in its determination. The claims administrator stated that the applicant was already permanent and stationary. On March 13, 2014, the applicant reported persistent complaints of low back pain. The applicant was given a diagnosis of herniated lumbar intervertebral disk with radiculopathy. The applicant's work status was not clearly outlined on this occasion. In a March 24, 2014 progress note, the applicant reported multifocal complaints of neck and low back pain with derivative complaints of anxiety and psychological stress. The applicant was placed off of work, on total temporary disability, on this occasion. On March 21, 2014, a psychological consultation, a spine surgery evaluation, and a TENS unit were endorsed while the applicant was placed off of work, on total temporary disability, owing to ongoing complaints of neck pain, low back pain, and anxiety. In a handwritten note dated September 22, 2014, difficult to follow, not entirely legible, the applicant was asked to pursue a follow-up visit with another provider, and seemingly follow up in four to six weeks. Naproxen, Prilosec, and topical compounded cream were endorsed. 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 ACOEM Page(s): 138, Chronic Pain Treatment Guidelines. Decision based on Non-MTUS Citation Official Disability Guidelines, Fitness for Duty, Functional Capacity Evaluation

**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 acknowledge that a functional capacity evaluation can be considered when necessary to translate medical impairment into functional limitations and to determine work capability, in this case, however, the applicant was/is off of work. The applicant has been off work for a span of several years. The applicant does not appear to have a job to return to. The handwritten progress note provided did not outline a clear rationale or basis for pursuit of a functional capacity evaluation in the clinical and vocational context present here. Therefore, the request is not medically necessary.

**Follow up visit:** Overturned

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation ACOEM Guidelines, 2nd Edition, page 127

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 5 Cornerstones of Disability Prevention and Management Page(s): 79.

**Decision rationale:** As noted in the MTUS Guideline in ACOEM Chapter 5, page 79, frequent follow-up visits are often warranted even when the applicant's condition is not expected to change appreciably from week to week, in order to provide structure and reassurance to the applicant. The applicant does have longstanding, multifocal pain complaints. The applicant is receiving care from various providers, including medications. Obtaining a follow-up visit is indicated, given the persistent multifocal pain complaints. Therefore, the request is medically necessary.

**Return office visit in 4-6 weeks:** Overturned

**Claims Administrator guideline:** The Claims Administrator did not cite any medical evidence for its decision.

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 5 Cornerstones of Disability Prevention and Management Page(s): 79.

**Decision rationale:** The return office visit in four to six weeks is medically necessary, medically appropriate, and indicated here. As noted in the MTUS Guideline in ACOEM Chapter 5, page

79, frequent follow-up visits are often warranted even in applicants whose conditions are not expected to change appreciably from week to week, in order to provide structure and reassurance. Here, the applicant was/is off of work. The applicant has multifocal pain complaints. The applicant is using a variety of medications. Obtaining a return visit with the primary treating provider is indicated for various purposes. Therefore, the request is medically necessary.