MAXIMUS Federal Services

Case Number:	CM15-0126293		
Date Assigned:	08/11/2015	Date of Injury:	12/27/2008
Decision Date:	09/10/2015	UR Denial Date:	06/18/2015
Priority:	Standard	Application Received:	06/30/2015

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: Texas, New York, 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 represented [redacted] beneficiary who has filed a claim for chronic low back pain and neck pain reportedly associated with an industrial injury of December 27, 2008. In a Utilization Review report dated June 18, 2015, the claims administrator failed to approve requests for functional capacity measurements and a job site assessment. The claims administrator referenced a May 8, 2015 progress note in its determination. Non-MTUS ODG Guidelines were invoked despite the fact that the MTUS addressed the topic. The applicant's attorney subsequently appealed. On March 13, 2015, the applicant reported ongoing complaints of neck and low back pain. The applicant had already been given permanent work restrictions, it was acknowledged. Unspecified medications were renewed, as were the applicant's permanent work restrictions. It did not appear that the applicant was working with said permanent limitations in place, although this was not explicitly stated. The claims administrator's medical evidence log and remainder of the file were surveyed. It appeared that the March 13, 2015 progress note represented the sole progress note on file. Thus, the May 8, 2015 progress note made available to the claims administrator was not seemingly incorporated into the IMR packet. In a Utilization Review referral form dated March 26, 2015, the claims administrator stated that the applicant's current work status was off work.

IMR ISSUES, DECISIONS AND RATIONALES

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

Functional capacity measurements Qty: 1.00: 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 Evaluations (FCE).

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

Decision rationale: No, the request for functional capacity measurements (AKA a functional capacity evaluation) was not medically necessary, medically appropriate, or indicated here. While the MTUS Guideline in ACOEM Chapter 2, page 41 does suggest considering a functional capacity evaluation when necessary to translate medical impairment into limitations and restrictions and to determine work capability, here, however, the applicant had already been declared permanent and stationary, it was reported on a historical note of March 13, 2015. It did not appear that the applicant was working with said limitations in place. It was not clearly stated, thus, why a functional capacity testing was sought in the clinical and/or vocational context present here. While it is acknowledged that the May 8, 2015 progress note made available to the claims administrator was not seemingly incorporated into the IMR packet, the historical information on file failed to support or substantiate the request. Therefore, the request was not medically necessary.

Job site assessment of work tasks Qty: 1.00: 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, American with Disabilities Act (ADA).

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 299.

Decision rationale: Similarly, the request for a job site assessment of work tasks was likewise not medically necessary, medically appropriate, or indicated here. The applicant's primary pain generator, per the March 13, 2015 progress note provider, was the low back. While the MTUS Guideline in ACOEM Chapter 12, Table 12-5, page 299 does recommend adjustments or modifications to an applicant's job tasks, work hours, work methods, and, by implication, the job site assessment at issue, here, however, the applicant was off of work, it was suggested on a progress note of March 13, 2015 and a Utilization Review referral form of March 26, 2015. It was not clearly stated why a job site assessment was proposed in the face of the claimant's seeming failure to return to work. It did not appear that the claimant had a job to return to, several years removed from the date of the injury, December 27, 2008, as of the date of the request. While it is acknowledged that the May 8, 2015 progress note which the claims administrator based its decision upon was not incorporated into the IMR packet, the historical information on file, namely the March 13, 2015 progress note and March 26, 2015 UR referral form, failed to support or substantiate the request. It was not clearly stated why a job site assessment was proposed in the clinical and/or vocational context present here. Therefore, the request was not medically necessary.