

Case Number:	CM15-0042046		
Date Assigned:	03/12/2015	Date of Injury:	12/14/2013
Decision Date:	06/02/2015	UR Denial Date:	02/28/2015
Priority:	Standard	Application Received:	03/05/2015

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 a represented 50-year-old who has filed a claim for chronic neck, back, and hip pain reportedly associated with an industrial injury of December 14, 2013. In a Utilization Review report dated February 28, 2015, the claims administrator failed to approve a request for a Functional Capacity Evaluation. A February 16, 2015 progress note was referenced in the determination. The applicant's attorney subsequently appealed. On January 20, 2015, the applicant reported ongoing complaints of neck and low back pain, 7/10. The applicant was limited in terms of various activities of daily living, including those as basic as self-care, personal hygiene, and ambulating. The attending provider seemingly suggested that the medications were not altogether beneficial. Bending, sitting, twisting, and walking also remained problematic, the treating provider reported in another section of the note. The applicant was described as having a "severe functional disability." Epidural steroid injection therapy was sought. The applicant received multiple trigger point injections on multiple occasions in late 2014. On December 11, 2014, the applicant was given a rather proscriptive 5-pound lifting limitation, seemingly resulting in the applicant's removal from the workplace. Large portions of the progress notes were difficult to follow and not altogether legible.

IMR ISSUES, DECISIONS AND RATIONALES

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

1 Functional capacity evaluation: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines.

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 a functional capacity evaluation (FCE) was not medically necessary, medically appropriate, or indicated here. While the MTUS Guideline in ACOEM Chapter 2, page 21 does suggest considering a functional capacity evaluation when necessary to translate medical impairment into limitation and restriction and to determine work capability, in this case, however, the applicant was seemingly off of work, on total temporary disability, as of the date of the request. The applicant had apparently not worked in some time. It was not clear why functional capacity testing, in short, was being sought in the clinical and/or vocational context present here. Therefore, the request is not medically necessary.