MAXIMUS Federal Services

Case Number:	CM15-0062678		
Date Assigned:	04/08/2015	Date of Injury:	03/24/2014
Decision Date:	05/13/2015	UR Denial Date:	03/27/2015
Priority:	Standard	Application Received:	04/02/2015

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 80-year-old café manager who has filed a claim for chronic low back pain reportedly associated with an industrial injury of March 24, 2015. In a Utilization Review report dated March 27, 2015, the claims administrator failed to approve a functional capacity evaluation. Non-MTUS ODG guidelines were invoked in the determination, along with an RFA form dated March 9, 2015. The applicant's attorney subsequently appealed. On November 4, 2014, the applicant reported ongoing complaints of low back pain radiating to the legs. The applicant was on Motrin, Coreg, aspirin, Flomax, Zestril, and clonidine. The applicant's work status and medication list were not detailed. It was stated that the applicant was not intent on pursuing any kind of surgical intervention at this point. On December 15, 2014, the applicant was placed off of work, on total temporary disability. Motrin was renewed. Ongoing complaints of low back and ankle pain were reported. On March 9, 2015, the applicant was again placed off work, on total temporary disability, owing to ongoing complaints of low back and leg pain. It was stated that the applicant did not wish to pursue epidural steroid injection therapy. It was stated that the applicant was approaching maximum medical improvement (MMI). The attending provider stated that he wished to obtain a functional capacity evaluation before imposition permanent limitations.

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: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Functional Capacity Evaluation.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 21.

Decision rationale: No, the request for a functional capacity evaluation 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 limitations and restrictions, in this case, however, the applicant was off work, on total temporary disability, as of the date of the request, March 9, 2015. The applicant was seemingly not interested in returning to the workplace and/or workforce, it was suggested at that point in time. It was not clear, in short, why a functional capacity testing was being pursued in the clinical and vocational context present here. Therefore, the request was not medically necessary.