

Case Number:	CM15-0064691		
Date Assigned:	04/10/2015	Date of Injury:	03/25/2014
Decision Date:	05/12/2015	UR Denial Date:	03/26/2015
Priority:	Standard	Application Received:	04/06/2015

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: Massachusetts

Certification(s)/Specialty: Physical Medicine & Rehabilitation, Pain Management

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 injured worker is 56 year old male who sustained an industrial injury on 3/25/2014. His diagnoses, and/or impressions, include: lumbosacral inter-vertebral disc degeneration; thoracic or lumbosacral neuritis or radiculitis; and lumbar spinal stenosis without neurogenic claudication. No current magnetic resonance imaging studies were noted. His treatments have included physical therapy; modified work duties; and medication management. The progress notes of 3/19/2015, noted complaints that included upper and lower back pain following completion of his physical therapy, and stating that nothing had changed. The physician's requests for treatments included a functional capacity evaluation, as he had not been able to successfully transition back to work at full duty capacity.

IMR ISSUES, DECISIONS AND RATIONALES

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

FUNCTIONAL CAPACITY EVALUATION: Overturned

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines FCE.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation American College of Occupational and Environmental Medicine (ACOEM), 2nd Edition, (2004) Chapter 7, p64.

Decision rationale: The claimant sustained a work injury more than one year ago and continues to be treated for back pain. Treatments have included 36 physical therapy and 24 acupuncture treatments. No additional treatment is being planned. The claimant continues to work at modified duty. Being requested is a functional capacity evaluation for further assessment. A Functional Capacity Evaluation is an option for select patients with chronic pain if the information might be helpful in objectifying worker capability with regard to either specific job or general job requirements. In this case, no new treatment is being planned. Obtaining a Functional Capacity Evaluation to determine the claimant's current work capacity is therefore considered medically necessary.