
Notice of Independent Medical Review Determination

Dated: 9/12/2013

[REDACTED]

[REDACTED]

[REDACTED]

Employee:	[REDACTED]
Claim Number:	[REDACTED]
Date of UR Decision:	7/8/2013
Date of Injury:	3/18/2009
IMR Application Received:	7/16/2013
MAXIMUS Case Number:	CM13-0001667

- 1) MAXIMUS Federal Services, Inc. has determined the requested a functional capacity evaluation **is not medically necessary and appropriate.**

INDEPENDENT MEDICAL REVIEW DECISION AND RATIONALE

An application for Independent Medical Review was filed on 7/16/2013 disputing the Utilization Review Denial dated 7/8/2013. A Notice of Assignment and Request for Information was provided to the above parties on 7/19/2013. A decision has been made for each of the treatment and/or services that were in dispute:

- 1) MAXIMUS Federal Services, Inc. has determined the requested a functional capacity evaluation **is not medically necessary and appropriate.**

Medical Qualifications of the Expert Reviewer:

The independent Medical Doctor who made the decision has no affiliation with the employer, employee, providers or the claims administrator. The physician reviewer is Board Certified in Physical Medicine and Rehabilitation, and is licensed to practice in California. 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 treatments and/or services at issue.

Case Summary:

Disclaimer: The following case summary was taken directly from the utilization review denial/modification dated July 8, 2013

“The claimant presents with lumbar sprain/strain and lumbar facet arthropathy, right greater than the left. The claimant presents with persistent axial pain in the lower back, which does not radiate into the lower extremities. The claimant underwent an extensive course of physical therapy and medication, which gave temporary relief. The claimant is a good candidate for lumbar diagnostic differential facet block starting on the right at the LA-L5 and L5-S I level. The claimant would be a good candidate for an ablation at the injected levels for long-term relief. Current request is for functional capacity evaluation.”

Documents Reviewed for Determination:

The following relevant documents received from the interested parties and the documents provided with the application were reviewed and considered. These documents included:

- Application for Independent Medical Review (received 7/16/2013)
- Utilization Review Determination from [REDACTED] (dated 7/8/2013)
- Medical Records provided by the employee's attorney
- Medical Records provided by the claims administrator
- Medical Treatment Utilization Schedule

1) Regarding the request for a functional capacity evaluation:

Medical Treatment Guideline(s) Relied Upon by the Expert Reviewer to Make His/Her Decision:

The Claims Administrator based its decision on the General Approach to Initial Assessment and Documentation (ACOEM Practice Guidelines, 2nd Edition (2004), Chapter 2) pg. 15, which is part of the Medical Treatment Utilization

Schedule (MTUS), as well as the Official Disability Guidelines (ODG) Fitness for Duty Summary, which is a Medical Treatment Guideline (MTG) but not a part of MTUS. The provider did not dispute the guidelines used by the Claims Administrator. The Expert Reviewer based his/her decision on the General Approach to Initial Assessment and Documentation (ACOEM Practice Guidelines, 2nd Edition (2004), Chapter 2) pg. 15, which is part of the Medical Treatment Utilization Schedule (MTUS).

Rationale for the Decision:

The employee sustained a work-related injury on March 18, 2009 to the lower back. The medical records provided for review indicate a diagnosis of lower back sprain/strain, and degenerative disease of the lower spine. The medical report of May 13, 2013 indicates that the employee presented to the office for follow-up after having undergone surgery to the left shoulder. The medical report of June 5, 2013 indicates the employee is not working, and that the shoulder was improving after surgery. Treatments have included physical therapy and pain medication, which provided temporary relief. The request is for a functional capacity evaluation.

The MTUS ACOEM guidelines indicate that functional capacity evaluations are recommended to “translate medical impairment into functional limitations and determine work capability.” The medical records provided for review indicate the employee is not working, and there is no evidence of a return-to-work plan for which work restrictions would be necessary. The request for a functional capacity evaluation is not medically necessary and appropriate.

Effect of the Decision:

The determination of MAXIMUS Federal Services and its physician reviewer is deemed to be the final determination of the Administrative Director, Division of Workers' Compensation. With respect to the medical necessity of the treatment in dispute, this determination is binding on all parties.

In accordance with California Labor Code Section 4610.6(h), a determination of the administrative director may be reviewed only if a verified appeal is filed with the appeals board for hearing and served on all interested parties within 30 days of the date of mailing of the determination to the employee or the employer. The determination of the administrative director shall be presumed to be correct and shall be set aside only upon proof by clear and convincing evidence of one or more of the grounds for appeal listed in Labor Code Section 4610.6(h)(1) through (5).

Sincerely;

Richard C. Weiss, MD, MPH, MMM, PMP
Medical Director

cc: Department of Industrial Relations
Division of Workers' Compensation
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/sh

Disclaimer: MAXIMUS is providing an independent review service under contract with the California Department of Industrial Relations. MAXIMUS is not engaged in the practice of law or medicine. Decisions about the use or nonuse of health care services and treatments are the sole responsibility of the patient and the patient's physician. MAXIMUS is not liable for any consequences arising from these decisions.