

Case Number:	CM13-0069267		
Date Assigned:	01/03/2014	Date of Injury:	05/31/2011
Decision Date:	11/10/2015	UR Denial Date:	12/10/2013
Priority:	Standard	Application Received:	12/20/2013

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 38 year-old who has filed a claim for chronic low back pain (LBP) reportedly associated with an industrial injury of May 31, 2011. In a Utilization Review report dated December 10, 2013, the claims administrator failed to approve a request for a functional capacity evaluation (FCE). Non-MTUS Chapter 7 ACOEM Guidelines were referenced in the determination. A November 18, 2013 office visit was also cited. The applicant's attorney subsequently appealed. On an August 24, 2015 letter, the attending provider stated that the applicant was in the process of seeking new employment. The applicant contended that she did not wish any formal limitations as she was seemingly intent on finding a new job. The attending provider contended that the applicant did not have significant structural abnormalities noted which would compel formal restrictions. In a handwritten note dated November 18, 2013, the applicant reported ongoing complaints of low back pain, 9/10. Work restrictions were endorsed on this date. In an associated narrative report on November 18, 2013, the applicant reported highly variable 2/10 low back pain complaints. Drug testing and a functional capacity evaluation were sought. The attending provider contended that the applicant had already completed work hardening and stated that he was in the process of imposing 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 ACOEM Guidelines, 2nd Edition, pages 137-138.

MAXIMUS guideline: Decision based on MTUS General Approaches 2004, Section(s): General Approach to Initial Assessment and Documentation.

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 limitations and restrictions and to determine work capability, here, however, it appeared that the functional capacity evaluation was superfluous. The attending provider stated on the November 18, 2013 office visit at issue that he intended to impose permanent limitations owing to ongoing pain complaints. Thus, it appeared that the attending provider had already made a decision to impose permanent limitations as of the date of the request, November 18, 2013. It did not appear that the FCE would have influenced or altered the treatment plan or the claimant's work status. Several years later, on August 24, 2015, the claimant apparently indicated that she was intent on returning to workplace/workforce, regardless of her pain complaints. The attending provider seemingly lifted all of the applicant's limitations at that point in time. It appeared, thus, that the decision(s) to impose and/or lift limitations had been made on various dates owing to the claimant's clinical presentation and/or desire to return to work on those dates. It does not appear that the FCE would have served any role in determining work capability in the clinical and/or vocational context present here. Therefore, the request was not medically necessary.