MAXIMUS Federal Services

Case Number:	CM14-0121592		
Date Assigned:	09/16/2014	Date of Injury:	11/06/2012
Decision Date:	09/01/2015	UR Denial Date:	07/21/2014
Priority:	Standard	Application Received:	07/31/2014

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: California
Certification(s)/Specialty: Physical Medicine & Rehabilitation

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 a 40 year old male who sustained an industrial injury on 11-6-12. He had complaints of low back pain, psyche and sleep impairment. Diagnostic studies include: MRI and EMG/NCV. Treatments to date include: medication, physical therapy, TENS unit, and massage with ointments. Progress report dated 6-30-14 reports complaints of constant, moderate, aching low back pain. The pain is aggravated by lifting, bending forward at the waist, prolonged walking, standing, and sitting. The pain radiates into bilateral legs. Diagnoses include: lesion of sciatic nerve, lumbar disc displacement with myelopathy and myofascitis. Plan of care includes: stopped therapy at this time due to subjective complaints and objective findings, no additional therapy currently being requested. The injured worker requires a functional improvement measure through a Functional Capacity Evaluation. Work status: released to work with restrictions until 8-30-14, no lifting greater than 55 pounds.

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 Practice Guidelines Chapter 7, page 138 and Official Disability Guidelines.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation ACOEM Practice Guidelines Chapter 7, Independent Medical Examinations and Consultations, pages 137-138.

Decision rationale: The patient has received a significant amount of conservative treatments without sustained long-term benefit. The patient continues to treat for ongoing significant symptoms with further plan for care. It appears the patient has not reached maximal medical improvement and continues to treat for chronic pain symptoms. Current review of the submitted medical reports has not adequately demonstrated the indication to support for the request for Functional Capacity Evaluation as the patient continues to actively treat. Per the ACOEM Treatment Guidelines on the Chapter for Independent Medical Examinations and Consultations regarding Functional Capacity Evaluation, there is little scientific evidence confirming FCEs ability to predict an individual's actual work capacity as behaviors and performances are influenced by multiple nonmedical factors which would not determine the true indicators of the individual's capability or restrictions. The Functional capacity evaluation is not medically necessary and appropriate.