

<b>Case Number:</b>	CM13-0023625		
<b>Date Assigned:</b>	11/15/2013	<b>Date of Injury:</b>	04/28/2008
<b>Decision Date:</b>	01/24/2014	<b>UR Denial Date:</b>	08/12/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	09/12/2013

### HOW THE IMR FINAL DETERMINATION WAS MADE

MAXIMUS Federal Services sent the complete case file to a physician reviewer. He/she has no affiliation with the employer, employee, providers or the claims administrator. The physician reviewer is Board Certified in Occupational Medicine, and is licensed to practice in New York. 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 physician 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/services. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

### 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 [REDACTED] employee who has filed a claim for chronic low back pain reportedly associated with an industrial injury of April 28, 2008. Thus far, the applicant has been treated with the following: Analgesic medications; unspecified amounts of physical therapy; unspecified amounts of chiropractic manipulative therapy and acupuncture; and prior disk arthroplasty procedure. In a Utilization Review Report of August 12, 2013, the claims administrator denied a request for a Functional Capacity Evaluation. The applicant's attorney later appealed. A subsequent note of September 16, 2013 is notable for comments that the applicant reports persistent low back, neck, and bilateral hand pain with associated numbness and tingling. His cervical and lumbar incisions are healed. The applicant exhibits upper and lower extremity strength ranging from 3/5 to 5/5. The applicant is asked to obtain a cervical traction unit, updated MRI and CT scans of the neck, an ergonomic chair, physical therapy and a functional capacity evaluation. Work restrictions are again endorsed. An earlier note of August 6, 2012 is notable for comments that the applicant is working as a watch deputy sheriff in a light duty capacity using a lighter gun belt.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Functional capacity evaluation (FCE):** Upheld

**Claims Administrator guideline:** Decision based on MTUS ACOEM.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Work conditioning, work hardening Page(s): 125. Decision based on Non-MTUS Citation American College of Occupational and Environmental Medicine (ACOEM), 2nd Edition, (2004), Chapter 7

**Decision rationale:** The Physician Reviewer's decision rationale: While the MTUS does not address all indications for an FCE, Page 125 of the MTUS Chronic Pain Medical Treatment Guidelines suggest that FCEs can be employed as a precursor to enrollment in a work hardening or work conditioning program. In this case, however, it does not appear that the applicant is intent on enrolling in a work hardening or work conditioning program. The Chapter 7 ACOEM Guidelines further note that FCEs are overly used, widely promoted, and are not necessarily an accurate representation or characterization of what an applicant can or cannot do in the workplace. In this case, it appears that the applicant has already returned to work with limitations in place. His work status and work restrictions are unchanged from visit to visit. It does not appear that the outcome of FCE would alter the treatment plan, work status or clinical picture here. Therefore, the request is not certified.