

<b>Case Number:</b>	CM13-0024163		
<b>Date Assigned:</b>	11/20/2013	<b>Date of Injury:</b>	11/29/2007
<b>Decision Date:</b>	02/07/2014	<b>UR Denial Date:</b>	08/22/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	09/13/2013

### 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 Internal Medicine and Pulmonary Disease 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 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 patient is a 47-year-old female who reported an injury on 11/29/2007. The mechanism of injury was lifting boxes. The patient diagnoses were lumbar radiculopathy, L5-S1 disc herniation, L4-5 and L5-S1 facet arthropathy, depression, and bilateral lower extremity paresthesia. Review of the medical record revealed that the patient has had previous physical therapy in 2007 following her injury, to which she had noted improvements. The patient had multiple x-rays performed, unofficial lumbar MRI on 12/03/2007, which revealed no fractures, and on 01/08/2008, which revealed minimal disc bulge at L4-5, disc protrusion at L5-S. The patient also had an electromyography/nerve conduction velocity (EMG/NCV) on 04/29/2008, which showed normal findings. A clinical note dated 08/07/2013 reported that the patient had an upright posture and antalgic gait. The patient complained of constant back pain, which was rated 3/10. She was working with some restrictions. There were no objective findings of specific functional deficits documented in the clinical note. There was no mention of impairments with activities of daily living and/or self-care, and documentation of decreased range of motion, endurance, and flexibility.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**One (1) functional capacity evaluation between 8/16/2013 and 9/30/2013: Upheld**

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation California Medical Treatment Utilization

Schedule, Low Back Complaints, American College of Occupational and Environment Medicine, Occupational Medicine Practice Guidelines, 2nd Edition, Chapter 7 Official Disability Guidelines-Treatment for Workers' Compensatio

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 5 Cornerstones of Disability Prevention and Management Page(s): s 89-92. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Fit for Duty, Functional capacity evaluation (FCE).

**Decision rationale:** The MTUS/ACOEM guidelines indicate that a functional capacity evaluation (FCE) is a supported tool for reassessing function and functional recovery. The Official Disability Guidelines indicate that functional capacity evaluations are recommended before entering into a work hardening program. There is no documentation of the patient considering entering, or needing to participate in a work hardening program. The ODG also indicates that the provider should not order a functional capacity evaluation if the patient has returned to work, and an ergonomic assessment has not been arranged. There were no documented objective clinical findings of any functional deficits provided in the medical record. Furthermore, the patient was working at the time of the request. As such the medical necessity cannot be proven; therefore, the request for one (1) functional capacity evaluation between 8/16/2013 and 9/30/2013 is non-certified.