

<b>Case Number:</b>	CM13-0025196		
<b>Date Assigned:</b>	11/20/2013	<b>Date of Injury:</b>	04/06/1992
<b>Decision Date:</b>	02/05/2014	<b>UR Denial Date:</b>	09/03/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	09/16/2013

### 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 Family Practice, 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 59-year-old male who reported an injury on 04/06/1992. The mechanism of injury was a fall. The patient's initial course of care was not included in the medical records; however, it is known that he received cortisone shots to an unspecified area that relieved his pain significantly. He also had an unknown duration of physical therapy which he did not find helpful; a CT of the lumbar spine on 08/27/1999 that revealed disc herniation at L4-5; an unknown duration of chiropractic therapy; Toradol injections to the lumbar spine; and medication therapy. There is a lack of medical records between 1999 and 08/2013 in those submitted for review. However, per the most recent clinical note dated 09/17/2013, the patient reports lower back pain that is relieved by the use of Anaprox and a TENS unit. This note also reports the patient is to begin acupuncture the same day. The patient's pain level is recorded to be 3/10 with medications and without medications it is noted to be 3/10 as well. The patient's current medications include Anaprox 550 mg, 1 by mouth twice a day as needed for flare-ups, and TG Hot topical ointment to be applied 3 times a day. It is noted in a comprehensive pain management note that the patient is currently not working and has not been working since the end of 04/2012. The patient's most recent ranges of motion obtained on 08/14/2013, report lumbar flexion of 50 degrees, extension of 20 degrees, and normal muscle strength, sensation, and reflexes throughout.

### 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 (FCE) between 8/30/2013 and 10/14/2013: Upheld**

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Fitness for Duty, Functional Capacity Evaluation

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

**Decision rationale:** California MTUS/ACOEM Guidelines recommend Functional Capacity Evaluations as a tool to assess those patients experiencing delayed recovery. However, there was not detailed information regarding when it should be implemented; therefore, Official Disability Guidelines were supplemented. Official Disability Guidelines recommend performing an FCE when prior return to work attempts have failed; if there is conflicting medical reports on precautions or fitness for modified job duties; if there are injuries that require detailed exploration of a worker's ability; if the patient is close or at MMI; or if there are additional or secondary conditions that need to be clarified. Official Disability Guidelines do not recommend FCEs be performed if the sole purpose is to determine a worker's effort or compliance, or the worker has returned to work and an ergonomic assessment has not been arranged. The medical records submitted for review fail to provide significant objective evidence of a functional deficit. The patient had been working from 1993 up until 04/2012; however, there is no explanation as to why he is currently not working. The patient reports very mild pain levels and there is no discussion from the physician or the patient as to why a Functional Capacity Exam would be beneficial at this point. As such, the request for 1 Functional Capacity Evaluation(FCE) between 08/30/2013 and 10/14/2013 is non-certified.