

<b>Case Number:</b>	CM13-0025406		
<b>Date Assigned:</b>	11/20/2013	<b>Date of Injury:</b>	07/26/2013
<b>Decision Date:</b>	02/05/2014	<b>UR Denial Date:</b>	09/09/2013
<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 Occupational Medicine 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 applicant is a represented [REDACTED] employee who has filed a claim for low back pain reportedly associated with an industrial injury of July 26, 2013. In a September 9, 2013 utilization report, the claims administrator denied a request for a functional capacity evaluation. The applicant's attorney later appealed. In an August 22, 2013 doctor's first report, the applicant presented with low back pain radiating to the left leg. He was given diagnoses of piriformis and lumbar strains. He was given prescriptions for Naprosyn, tramadol, Topamax, and kept off of work, on total temporary disability. A functional capacity evaluation was apparently sought.

### 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:** Decision based on MTUS ACOEM Chapter 12 Low Back Complaints. Decision based on Non-MTUS Citation ACOEM Practice Guidelines 2nd Ed., Independent Medical Examinations and Consultations Chapter

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation ACOEM Practice Guidelines 2nd Ed., Independent Medical Examinations and Consultations Chapter, pgs. 137-138.

**Decision rationale:** As noted in chapter 7 ACOEM Guidelines and functional capacity evaluations, FCEs are overly used, widely promoted, and is not necessarily an accurate representation or characterization of what an applicant can or cannot do in the workplace. In this case, the applicant was in the process of receiving numerous treatments with several different medications. The FCE testing would be premature, particularly when it has not been clearly stated that the applicant has a job to return to and/or intends to return to the workplace or workforce. The request for functional capacity evaluations is not medically necessary and appropriate.