

<b>Case Number:</b>	CM13-0025662		
<b>Date Assigned:</b>	11/20/2013	<b>Date of Injury:</b>	11/06/2012
<b>Decision Date:</b>	01/27/2014	<b>UR Denial Date:</b>	09/10/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	09/17/2013

### 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 Diseases 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 32-year-old female who reported a work-related injury on 11/06/2012 due to lifting heavy objects. MRI of the lumbar spine revealed a tiny disc bulge at L3-4 with a posterior internal annular tear, a disc bulge at L4-5 with minimal central canal stenosis and mild bilateral neural foraminal narrowing, and a central protrusion with minimal central canal stenosis and mild right and minimal left neural foraminal narrowing at L5-S1. The patient complains of lower back pain with radiculopathy in the left lower extremity with numbness, tingling, and weakness. The patient underwent chiropractic sessions, 24 sessions of physical therapy, and acupuncture. Her diagnosis is listed as lumbar sprain. A Functional Capacity Evaluation is being requested at this time.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Functional capacity evaluation - trunk and lower extremities:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation American College of Occupational and Environmental Medicine, 2nd Edition, Chapter 7 Independent Medical Examinations and Consultations (pages 132-139).

**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 (FCE).

**Decision rationale:** The California ACOEM Practice Guidelines indicate that a number of functional assessment tools are available to include Functional Capacity Exams and videotapes. Most assess general functioning, but modifications to test work-related functioning are under development or can be created by the clinician. The clinical note dated 02/27/2013 stated a Functional Capacity Evaluation was being requested in order to provide the patient permanent work restrictions and assess her physical abilities to work so that she could be returned back to her work environment in an expedited manner without further aggravation of her industrial injuries. The Official Disability Guidelines indicate that Functional Capacity Evaluations can be valuable tools in clinical decision making for the injured worker. Guidelines for performing a Functional Capacity Evaluation include prior unsuccessful attempts to return to work, conflicting medical reporting on precautions and/or fitness for modified job, and injuries that require detailed exploration of a worker's abilities. The clinical documentation submitted for review stated the patient has not worked since the time of injury in 11/2012. The patient had been recommended for pain management and did not want to do epidurals or an electromyography nerve conduction test. There is a lack of documentation stating the patient has had prior unsuccessful attempts to return to work per guideline criteria for Functional Capacity Evaluation. Therefore, the request for Functional capacity evaluation - trunk and lower extremity is not medically necessary or appropriate at this time.