

<b>Case Number:</b>	CM13-0029573		
<b>Date Assigned:</b>	11/01/2013	<b>Date of Injury:</b>	12/31/2010
<b>Decision Date:</b>	05/28/2014	<b>UR Denial Date:</b>	08/26/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	09/26/2013

### 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 37-year-old male who reported an injury on 12/31/2010. The patient is currently diagnosed with chronic pain syndrome, lumbar facet syndrome, low back pain, insomnia, trochanteric bursitis, and headache. The patient was recently seen by [REDACTED] on 10/31/2013. The patient reported ongoing headaches. Physical examination revealed positive lumbar facet loading maneuver, positive Faber testing, and tenderness over the right hip. Treatment recommendations included continuation of current medication, pain management counseling, continuation of home exercise program, and consideration for facet injections. The patient remained on temporary work restrictions.

### 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.

**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 CHAPTER, FUNCTIONAL CAPACITY EVALUATION.

**Decision rationale:** California MTUS/ACOEM Practice Guidelines state a number of functional assessment tools are available, including Functional Capacity Examination, when re-assessing function and functional recovery. As per the clinical notes submitted, there is no evidence of previous unsuccessful return to work attempts. There is also no evidence of a defined return to work goal or job plan, which has been established, communicated, and documented. Based on the clinical information received, the medical necessity has not been established. As such, the request is non-certified.