

<b>Case Number:</b>	CM13-0033749		
<b>Date Assigned:</b>	12/06/2013	<b>Date of Injury:</b>	11/01/2012
<b>Decision Date:</b>	02/10/2014	<b>UR Denial Date:</b>	09/18/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	10/10/2013

### 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 Physical Medicine & Rehabilitation and Pain Medicine and is licensed to practice in Ohio and Texas. 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 male who reported an injury on 11/01/2012 due to motor vehicle accident involving a forklift causing injury to the lumbar spine. The patient was previously treated with acupuncture, physical therapy, medications, and epidural steroid injections. The patient underwent a Functional Capacity Evaluation that measured the patient's physical demand level at sedentary. It was noted in the Functional Capacity Evaluation that the patient's job requirement was a heavy physical demand level. The patient's most recent clinical examination findings included complaints of moderate to severe lumbar pain exacerbated by bending at the waist. Objective findings included tenderness to palpation of the bilateral lumbar musculature from the L3 to the S1 with limited range of motion secondary to pain, a positive Kemp's test on the right, and a positive straight leg raising test on the left with a decreased left Achilles reflex and patellar reflex. The patient's diagnoses included a lesion of the sciatic nerve, lumbar disc displacement with myelopathy, and myofasciitis. The patient's treatment plan included continued medication, continued acupuncture therapy, and a Functional Capacity Evaluation.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**FCE (functional capacity evaluation):** Upheld

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation CA Medical Treatment Utilization Schedule (MTUS) 2009: 9792.23. Clinical Topics: American College of Occupational and Environmental

Medicine (ACOEM) Chapter 7 Independent Medical Examinations and Consultations and American College of Occupational and Environmental

**MAXIMUS guideline:** Decision based on MTUS ACOEM Page(s): 77-89. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Fitness for Duty, Functional Capacity Evaluation.

**Decision rationale:** The requested Functional Capacity Evaluation is not medically necessary or appropriate. The clinical documentation submitted for review does provide evidence that the patient previously underwent a Functional Capacity Evaluation that determined the patient's physical demand level was at a sedentary level. Although there has been interim treatment, the patient has not had a significant change in physical presentation. American College of Occupational and Environmental Medicine recommend the use of a Functional Capacity Evaluation to obtain a more precise delineation of patient capabilities than as available from routine physical examination under some circumstances. The clinical documentation submitted for review does not provide any evidence of why a regular physical exam cannot provide an adequate evaluation of the patient's capabilities. Official Disability Guidelines recommend Functional Capacity Evaluations when the patient is at or close to maximum medical improvement. The clinical documentation does provide evidence that the patient is receiving ongoing conservative treatments indicating that the patient is not at or close to maximum medical improvement. Additionally, there is no documentation of a failure to return to work that would benefit from a Functional Capacity Evaluation. Also, the most recent clinical documentation indicates that the requested Functional Capacity Evaluation will be used to determine improvement levels in terms of pain, return to work ability, and increase in activities of daily living. Official Disability Guidelines do not recommend Functional Capacity Evaluations to determine the patient's compliance with treatment. As such, the requested Functional Capacity Evaluation is not medically necessary or appropriate.