

<b>Case Number:</b>	CM13-0034216		
<b>Date Assigned:</b>	12/06/2013	<b>Date of Injury:</b>	03/05/2004
<b>Decision Date:</b>	02/07/2014	<b>UR Denial Date:</b>	09/26/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	10/15/2013

### 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 Anesthesiology, has a subspecialty in Pain Management and is licensed to practice in Florida. 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 53 year old male who reported an injury on 03/05/2004. The mechanism of injury information was not provided in the medical record. The patient diagnoses included Lumbar radiculopathy (ICD-9 code 724.4), Chronic pain syndrome (ICD-9 code 338.4), Chronic pain related insomnia (ICD-9 code 327.01), myofascial syndrome (ICD-9 code 729.1), neuropathic pain (ICD-9 code 729.2), Chronic pain related depression (ICD-9 code 300.4), and prescription narcotic dependence (ICD-9 code 304.9. His medication regimen included Norco 10/325 1 tablet every 6 hours, Sintralyne PM at bedtime, Gabapentin 500mg 2 capsules at bedtime, Medrox patches apply one topically every 12 hours, and Elavil 25mg 1-2 tablets at bedtime. The patient has had long time difficulty of pain control, and has taken illegal drugs in attempt to help relieve his pain. In the letter written by [REDACTED], dated 08/14/2013, it was noted that the physician suggested an evaluation in order to attempt to outline a treatment management program and suggestions as to functional restoration, but the patient did not wish to proceed. The patient complained of pain to low back, right buttock, and right anterior thigh.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Functional Capacity Evaluations:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not cite any medical evidence for its decision.

**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) Fit for Duty, Functional capacity evaluation (FCE).

**Decision rationale:** California MTUS/ACOEM states a number of functional assessment tools are available and supported, including 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. Since California MTUS/ACOEM does not have specific guidelines in reference to the requested service, Official Disability Guidelines is used. Official Disability Guidelines states if a worker is actively participating in determining the suitability of a particular job, the FCE is more likely to be successful. A functional capacity evaluation is not as effective when the referral is less collaborative and more directive, and a functional capacity evaluation is not recommended for use to determine a worker's effort or compliance. When the functional restoration program and treatment management was suggested to patient, he refused. As ODG states this evaluation should be done if the patient is actively participating collaboratively not directed to do so. As such the request for Functional Capacity Evaluations is non-certified.